## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009977

FILED Jan 27, 2010 Secretary of State

Entity Name: PARQUE DIANE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** 

New Principal Place of Business:

C/O COMMUNITY MANAGEMENT CONCEPTS

% COMMUNITY MANAGEMENT CONCEPTS 7400 BAYMEDOWS WAY, #37

7400 BAYMEDOWS WAY, #317 JACKSONVILLE, FL 32256

JACKSONVILLE, FL 32256

JACKSONVILLE, FL 32236

**Current Mailing Address:** 

New Mailing Address:

% COMMUNITY MANAGEMENT CONCEPTS 7400 BAYMEDOWS WAY, #37 JACKSONVILLE, FL 32256 C/O COMMUNITY MANAGEMENT CONCEPTS 7400 BAYMEDOWS WAY, #317 JACKSONVILLE, FL 32256

FEI Number: 56-2514792

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

r El Nullibel Not Applicable ( )

Name and Address of New Registered Agent:

Name and Address of Current Registered Agent:

SCHAFER, SHERRILL

7400 BAYMEADOWS WAY, #317

SCHOFER, SHERRILL 7400 BAYMEADOWS WAY, #37 JACKSONVILLE, FL 32256 US

JACKSONVILLE, FL 32256 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHERRILL SCHAEFER

01/27/2010

Electronic Signature of Registered Agent

FEI Number Applied For ( )

Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: FITZHUGH, KIM

Address: C/O 7400 BAYMEADOWS WAY, SUITE 317

City-St-Zip: JACKSONVILLE, FL 32256

Title: VF

Name: MARTINEZ, ARELIS L

Address: C/O 7400 BAYMEADOWS WAY, SUITE 317

City-St-Zip: JACKSONVILLE, FL 32256

Title:

Name: MOULTRY, BRYANT

Address: 7400 BAYMEADOWS WAY, SUITE 317

City-St-Zip: JACKSONVILLE, FL 32256

Title:

Name: CONLEY, KIM

Address: C/O 7400 BAYMEADOWS WAY, SUITE 317

City-St-Zip: JACKSONVILLE, FL 32256

Title:

Name: BURRUS, ANNA

Address: 7400 BAYMEADOWS WAY, SUITE 317

City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIM FITZHUGH PRES 01/27/2010