2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# N06000000902

Entity Name: DIAMOND RIDGE CENTER ASSOCIATION, INC.

Current Principal Place of Business:

990 TAMIAMI TRAIL, NORTH
NAPLES, FL 34102

New Principal Place of Business:

990 TAMIAMI TRAIL, NORTH
SUITE #200
NAPLES, FL 34102

Current Mailing Address:

990 TAMIAMI TRAIL, NORTH
NAPLES, FL 34102

New Mailing Address:

990 TAMIAMI TRAIL, NORTH
SUITE #200
NAPLES, FL 34102

FEI Number: 20-5453817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FIGLESTHALER, WILLIAM M
990 TAMIAMI TRAIL, NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

FIGLESTHALER, WILLIAM M
990 TAMIAMI TRAIL, NORTH
SUITE #200
NAPLES, FL 34102 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: _____ 01/05/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FIGLESTHALER, WILLIAM M
Address: 990 TAMIAMI TRAIL, NORTH
City-St-Zip: NAPLES, FL 34102

Title: SD ( ) Delete
Name: GUREVITCH, EARL J
Address: 990 TAMIAMI TRAIL, NORTH
City-St-Zip: NAPLES, FL 34102

Title: TD ( ) Delete
Name: LUKE, STEVEN W
Address: 990 TAMIAMI TRAIL, NORTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM M. FIGLESTHALER, MD MD 01/05/2007
Electronic Signature of Signing Officer or Director — Date