

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N06000002735**

1. Entity Name  
**DIAMOND RIDGE UNIT NO. 2 LOT OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**301 N US HWY 27 SUITE G  
CLERMONT, FL 34714**

Mailing Address  
**301 N US HWY 27 SUITE G  
CLERMONT, FL 34714**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**GAMMON, FRANK M  
301 N US HWY 27 SUITE G  
CLERMONT, FL 34714**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$61.25  
After January 1, 2008, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GAMMON, FRANK M  
301 N US HWY 27 SUITE G  
CLERMONT, FL 34714** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
NORTHCUTT, SUSAN  
301 N US HWY 27 SUITE G  
CLERMONT, FL 34714** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BEATY, FRANK  
301 N US HWY 27 SUITE G  
CLERMONT, FL 34714** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*S. Northcutt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-25-07 352-344-8215**

Date

Daytime Phone #

**FILED**

**2007 NOV 13 AM 8:49**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**9/4/07 90043 008 6125  
10222007 REIN-NP CR2E099 (1/07)**

4. FEI Number

**20-4534178**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

11/19/07