

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000002735</b>	
1. Entity Name <b>DIAMOND RIDGE UNIT NO. 2 LOT OWNERS ASSOCIATION, INC.</b>	
Principal Place of Business <b>301 N US HWY 27 SUITE G CLERMONT, FL 34714</b>	Mailing Address <b>P.O. BOX 121677 CLERMONT, FL 34712</b>



01162008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-4534178</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000869791  
04/09/08-80063-017 61.25

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NORTHCUTT, SUSAN 301 N US HWY 27 SUITE G CLERMONT, FL 34714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEATY, FRANK 301 N US HWY 27 SUITE G CLERMONT, FL 34714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK GAMMON**

**3/11/08**

Date

**352-394-8215**

Daytime Phone #