


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90009 020 ****61.25

DOCUMENT # N22553	
1. Entity Name BLACK DIAMOND PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 US	Mailing Address 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 US
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40047731



2. Principal Place of Business - No P.O. Box # 2600 W. BLACK DIAMOND CIRCLE	3. Mailing Address P.O. Box 188
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02102008 Chg-NP CR2E037 (12/06)

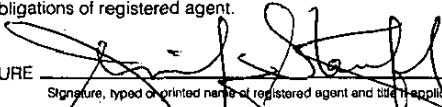
City & State LECANTO, FL	City & State HOLDER, FL
Zip 34461	Zip 34461
Country U.S.	Country U.S.

4. FEI Number 59-3172015	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MELROSE MANAGEMENT GROUP 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683
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7. Name and Address of New Registered Agent Name Jennifer Stauff Street Address (P.O. Box Number is Not Acceptable) 2600 W. Black Diamond Circle City Lecanto FL Zip Code 34461
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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 is applicable.	DATE 3/11/08 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLICK, JOHN 2600 WEST BLACK DIAMOND CIRCLE LECANTO, FL 34461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, MARINA 2600 W. BLACK DIAMOND CIR LECANTO, FL 34461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPPUCCILLI, JOE 2600 W. BLACK DIAMOND CIR LECANTO, FL 34461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRILEY, JAMES 2600 WEST BLACK DIAMOND CIRCLE LECANTO, FL 34461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SEE ATTACHED SCHEDULE

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

Date

Daytime Phone #

3-10-08

ATTACHMENT

46047731

Supplemental Schedule

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BLACK DIAMOND PROPERTY OWNERS ASSOCIATION, INC.
DOCUMENT # N22553

LINE 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Title	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Collick, John		
Street Address	2600 W. Black Diamond Circle		
City-St-Zip	Lecanto, FL 34461		
Title	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Taylor, Marina		
Street Address	2600 W. Black Diamond Circle		
City-St-Zip	Lecanto, FL 34461		
Title	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Cappuccilli, Joe		
Street Address	2600 W. Black Diamond Circle		
City-St-Zip	Lecanto, FL 34461		
Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Olsen, Stanley C.		
Street Address	2600 W. Black Diamond Circle		
City-St-Zip	Lecanto, FL 34461		
Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Sanon, Ashish		
Street Address	2600 W. Black Diamond Circle		
City-St-Zip	Lecanto, FL 34461		
Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Baskin, Betty		
Street Address	2600 W. Black Diamond Circle		
City-St-Zip	Lecanto, FL 34461		
Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Rueff, William		
Street Address	2600 W. Black Diamond Circle		
City-St-Zip	Lecanto, FL 34461		