2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2010
Secretary of State

DOCUMENT# N22553

Entity Name: BLACK DIAMOND PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2600 W. BLACK DIAMOND CIRCLE
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 188
HOLDER, FL 344450188 US

New Mailing Address:

FEI Number: 59-3172015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAUFF, JENNIFER
2600 W. BLACK DIAMOND CIRCLE
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: COLLICK, JOHN P
Address: 2600 W. BLACK DIAMOND CIRCLE
City-St-Zip: LECANTO, FL 34461

Title: VPD
Name: TAYLOR, MARINA
Address: 2600 W. BLACK DIAMOND CIR
City-St-Zip: LECANTO, FL 34461

Title: SD
Name: CAPPUCCILLI, JOE
Address: 2600 W. BLACK DIAMOND CIR
City-St-Zip: LECANTO, FL 34461

Title: TD
Name: BOWER, JOHN
Address: 2600 W. BLACK DIAMOND CIRCLE
City-St-Zip: LECANTO, FL 34461

Title: D
Name: OLSEN, STAN
Address: 2600 W. BLACK DIAMOND CIRCLE
City-St-Zip: LECANTO, FL 34461

Title: D
Name: BASKIN, BETTY
Address: 2600 W. BLACK DIAMOND CIRCLE
City-St-Zip: LECANTO, FL 34461

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: JOHN P. COLLICK PD 04/26/2010

Electronic Signature of Signing Officer or Director Date