2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005
Secretary of State

DOCUMENT# N33755

Entity Name: DIAMOND RIDGE MASTER PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

201 MURFIELD CIRCLE
NAPLES, FL 33962

New Principal Place of Business:

649 5TH AVE. SOUTH
NAPLES, FL 34102

Current Mailing Address:

1044 CASTELLO DR., STE 206
NAPLES, FL 34103

New Mailing Address:

6700 WINKLER ROAD
SUITE 2
FORT MYERS, FL 33919

FEI Number: 65-0269629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPINELLA, CARMEN J
201 MURFIELD CIRCLE
NAPLES, FL 33962 US

Name and Address of New Registered Agent:

SPINELLA, CARMEN J
649 5TH AVE SOUTH
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: _____ 03/24/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VDST ( ) Delete
Name: SPINELLA, CARMEN J
Address: 201 MURFIELD CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete
Name: STEINMETZ, THOMAS J
Address: 1607 NORTH CENTRAL AVENUE
City-St-Zip: MARSHFIELD, WI 54449

Title: PD ( ) Delete
Name: SPINELLA, CARMEN
Address: 201 MUIRFIELD CIRCLE
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VDST (X) Change ( ) Addition
Name: SPINELLA, CARMEN J
Address: 649 5TH AVE SOUTH
City-St-Zip: NAPLES, FL 34102

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

Title: PD (X) Change ( ) Addition
Name: SPINELLA, CARMEN
Address: 649 5TH AVE. SOUTH
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN R. SPINA AGEN 03/24/2005
Electronic Signature of Signing Officer or Director — Date