


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90026 043 ****61.25

DOCUMENT # N39641 1. Entity Name DIAMOND AT DELRAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5910 MORNINGSTAR CIRCLE DELRAY BCH, FL 33484 US		Mailing Address % LIPPMAN & LIPPMAN 6401 CONGRESS AVE STE-140 BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box # 1200 S Roberts Circle		3. Mailing Address 1200 S Roberts Circle	
Suite, Apt. #, etc. Ste 3		Suite, Apt. #, etc. Ste 3	
City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33487		Zip 33487	
Country US		Country US	
4. FEI Number 65-0216391		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIPPMAN, KAREN 6401 CONGRESS AVE STE-140 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Karen Lippman Street Address (P.O. Box Number is Not Acceptable) 1200 S. Roberts Circle Ste #3 City Boca Raton FL Zip Code 33487	
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 <u><i>Karen Lippman</i></u> DATE <u>4/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS COUNTER, DENNIS 5910 MORNING STAR CIRCLE #103 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOHAMMED, ROBERT 5910 MORNING STAR CIR. #402 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLORENCE, GLENORA 5910 MORNING STAR CIRCLE #301 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Glenora Florence</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/13/08</u> Daytime Phone # <u>3428052</u>	