

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90108 034 \*\*\*\*61.25

**DOCUMENT # N92000000856**

1. Entity Name  
**DIAMANTE VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**100 E LINTON BLVD  
STE 205A  
DELRAY BEACH, FL 33483 US**

Mailing Address  
**100 E LINTON BLVD  
STE 205A  
DELRAY BEACH, FL 33483 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0313292**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAS MANAGEMENT  
951 BROKEN SOUND PKWY  
STE 250  
BOCA RATON, FL 33487**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 D ☐ Delete  
NAME SOSS, CLIFFORD  
STREET ADDRESS 5204 EUROPA DRIVE # L  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE T ☒ Change ☐ Addition  
NAME SOSS, CLIFFORD  
STREET ADDRESS 5204 EUROPA DR. #L  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D ☒ Delete  
NAME WIENER, SANDRA  
STREET ADDRESS 5171 EUROPA DRIVE # E  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE P ☐ Change ☒ Addition  
NAME MICHAEL STONE  
STREET ADDRESS 5188 EUROPA DR. #E  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE PD ☒ Delete  
NAME FRIEDMAN, SEYMOUR  
STREET ADDRESS 5203 EUROPA DR #L  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE S ☐ Change ☒ Addition  
NAME BURT THOMPSON  
STREET ADDRESS 9566 MEDICI LANE  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE SD ☒ Delete  
NAME BIRDIE, SYLVIA  
STREET ADDRESS 5203 EUROPA DR #C  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D ☐ Change ☒ Addition  
NAME BERNARD HYMONITZ  
STREET ADDRESS 5203 EUROPA DR. #B  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE V ☐ Delete  
NAME LAIKE, IRVING  
STREET ADDRESS 5179 EUROPA DR #B  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

4/12/06