

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

1995 AUG -3 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # N93000002464 (6)

1. Corporation Name

THE DIPLOMAT GOLF & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

26 DIPLOMAT PARKWAY
 HALLANDALE FL 33009

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 HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/25/1993	3a. Date of Last Report 05/01/1994
4. Fed Number 65-0406100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BRENSON MARCH INSCHIED'S PARKWAY
 100 WEST 100 STREET CREEKWOOD
 SUITE 200
 ROCK HAVEN FL 32650~~

81 Name	ROBERTS MGMT. & REALTY CO., INC.
82 Street Address (P.O. Box Number is Not Acceptable)	1840 NE 153rd STREET
83	
84 City	NORTH MIAMI BEACH FL
85 Zip Code	33162

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Barbara J. Sandler*

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	X PD
NAME	X BOB PAUL
STREET ADDRESS	X 220 S E 1ST STREET
CITY - ST - ZIP	X DANA FL
TITLE	X PD
NAME	X SANDLER, LEONARD
STREET ADDRESS	X 153 ATLANTIC SHORES
CITY - ST - ZIP	X HALLANDALE FL
TITLE	X SD
NAME	X BERRY JOHN
STREET ADDRESS	X 3400 N.E. 192 ST. #402
CITY - ST - ZIP	X NORTH MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SANDLER, BARBARA
13 STREET ADDRESS	1250 SW 102nd Avenue
14 CITY - ST - ZIP	Pembroke Pines, FL 33025
21 TITLE	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Santiago, Joya
23 STREET ADDRESS	20401 NE 30th Avenue #424
24 CITY - ST - ZIP	N. Miami Beach, FL 33180
31 TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Blanco, Nancy
33 STREET ADDRESS	430 SW 79th Ct.
34 CITY - ST - ZIP	Miami, FL
41 TITLE	TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	O'Connor, Gordon
43 STREET ADDRESS	2318 Taft Street
44 CITY - ST - ZIP	Hollywood, FL 33020
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara J. Sandler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-95 315-454-3771

CR2007 (3-95)