

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90169 016 ****61.25

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1. Entity Name

THE DIPLOMAT GOLF & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6 DIPLOMAT PARKWAY
 HALLANDALE FL 33009

26 DIPLOMAT PARKWAY
 HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0406100

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

ROBERTS MANAGEMENT & REALTY CO., INC
1840 NE 153 ST.
N MIAMI BCH FL 33162

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DV Delete
 NAME: HANKE, FRANKE
 STREET ADDRESS: 26 DIPLOMAT PKWY.
 CITY-ST-ZIP: HALLANDALE FL

TITLE: *President* Change Addition
 NAME: *MARIA MORALES*
 STREET ADDRESS: *26 Diplomat Pkwy*
 CITY-ST-ZIP: *HALLANDALE FL 33009*

TITLE: DT Delete
 NAME: VARELA, MARIA L
 STREET ADDRESS: 26 DIPLOMAT PKWY
 CITY-ST-ZIP: HALLANDALE FL

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

TITLE: DS Delete
 NAME: ARIAS, ROSA MARIA
 STREET ADDRESS: 26 DIPLOMAT PKWY
 CITY-ST-ZIP: HALLANDALE FL

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:

TITLE: Delete
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

I hereby certify that the information supplied with this filing does not qualify 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 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:

Maria Morales **REQUIRED**

2/5/02 (954) 454-5881

CR2E037 (9/01)