

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 26, 2009
Secretary of State**

DOCUMENT# N93000002464

Entity Name: THE DIPLOMAT GOLF & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**26 DIPLOMAT PARKWAY
HALLANDALE, FL 33009**New Principal Place of Business:****Current Mailing Address:**26 DIPLOMAT PARKWAY
HALLANDALE, FL 33009**New Mailing Address:**

FEI Number: 65-0428538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:GLAZER, BRONYA
26 DIPLOMAT PARKWAY
COMMERCIAL
HALLANDALE, FL 33009 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: VP () Delete
Name: KROPP, LEV D
Address: 26 DIPLOMAT PARKWAY
City-St-Zip: HALLANDALE, FL 33009Title: P () Delete
Name: PARADAS, LOUIS
Address: 26 DIPLOMAT PRKWAY
City-St-Zip: HALLANDALE, FL 33009Title: D () Delete
Name: GLAZER, ANATOLY
Address: 26 DIPLOMAT PARKWAY
City-St-Zip: HALLANDALE, FL 33009Title: SECR () Delete
Name: YOUNG, TERRY
Address: 26 DIPLOMAT PARKWAY
City-St-Zip: HALLANDALE, FL 33009Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: PAREDES, LUIS
Address: 26 DIPLOMAT PARKWAY
City-St-Zip: HALLANDALE, FL 33009Title: VPD (X) Change () Addition
Name: KROPP, LEV
Address: 26 DIPLOMAT PRKWAY
City-St-Zip: HALLANDALE, FL 33009Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: SD (X) Change () Addition
Name: YOUNG, TERRY
Address: 26 DIPLOMAT PARKWAY
City-St-Zip: HALLANDALE, FL 33009Title: TD () Change (X) Addition
Name: NEGASI, ABRAHAM
Address: 26 DIPLOMAT PARKWAY
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LUIS PAREDES

PD

05/26/2009

Electronic Signature of Signing Officer or Director_____
Date