


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

04-21-2003 91070 041 ****61.25

DOCUMENT # N93000002464

1. Entity Name
THE DIPLOMAT GOLF & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**26 DIPLOMAT PARKWAY
HALLANDALE FL 33009**

Mailing Address
**26 DIPLOMAT PARKWAY
HALLANDALE FL 33009**

33037613



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

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

~~ROBERTS MANAGEMENT & REALTY CO., INC
1840 NE 153 ST.
N MIAMI BCH FL 33182~~

7. Name and Address of New Registered Agent

Name **Roberts Management Co.**

Street Address (P.O. Box Number is Not Acceptable)
~~1840 NE 153 ST~~

City **No. Miami Bch** FL Zip Code **33162**

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 **MERRILL SPIVAK** *[Signature]* **4-18-03**

Signature, typed or printed name of registered agent and date 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE IOV	<input checked="" type="checkbox"/> Delete
NAME HANKE, FRANKE	
STREET ADDRESS 26 DIPLOMAT PKWY.	
CITY-ST-ZIP HALLANDALE FL	
TITLE OT	<input checked="" type="checkbox"/> Delete
NAME VARELA, MARIA L	
STREET ADDRESS 26 DIPLOMAT PKWY	
CITY-ST-ZIP HALLANDALE FL	
TITLE DS	<input type="checkbox"/> Delete
NAME ARIAS, ROSA MARIA	
STREET ADDRESS 26 DIPLOMAT PKWY	
CITY-ST-ZIP HALLANDALE FL	
TITLE DP	<input type="checkbox"/> Delete
NAME MORALES, MARIA	
STREET ADDRESS 2601 PLOMAT PKWY	
CITY-ST-ZIP HALLANDALE FL 33009	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ANA CABRERA	
STREET ADDRESS 16301 NW 127 AVE	
CITY-ST-ZIP MIRALAH FL 33018	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03 **9544545987**

Date Daytime Phone #

CR2E037 (10/02)