## → → 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N94000003163



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FILED Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90084 029 \*\*\*\*61.25

DIAMON	D COVE HOMEOWNERS AS	SSOCIATION, INC.					
Principal Place of Business  COMMUNITY MGMT PROFESSIONALS, INC 5401 S. KIRKMAN RD STE 450 ORLANDO, FL 32819 US  Mailing Address  COMMUNITY MGMT PROFESSIONALS, INC 5401 S. KIRKMAN RD STE 450 ORLANDO, FL 32819 US		450			41 <b>8</b> 1 11 <b>81 8 811 2 8</b> 1117	iilli <b>i</b> li i <b>ll</b> i	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01122007 Chg-NP	CR2E0	37 (12/06)	
City & Stat	е	City & State		4. FEI Number 59-3249803			plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Status De	esired	\$8.75 Add Fee Required	litional d
	6. Name and Address of Current R	legistered Agent		7. Name and Address of	New Registered	Agent	
COMMUNI	ITY MONT DROCESSIONALS	INC	Name				
COMMUNITY MGMT PROFESSIONALS, INC 5401 S. KIRKMAN RD. STE 450 ORLANDO, FL 32819		INC	Street Address (	P.O. Box Number is Not Acc	ceptable)		
			City		FL	Zip Code	9
	named entity submits this statement for lions of registered agent.	the purpose of changing its reg	istered office or register	red agent, or both, in the Sta	te of Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if spolicable. (NOTE: Re	gistered Agent signature required	1 when reinstatino)	DATE		<del></del>
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees	Make chec Florida Depar	k payable to tment of St	
						DECTODE IN	10
10.	<ul> <li>OFFICERS AND DIRE</li> </ul>	ECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DI	MECTORS IN	.10
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TITLE NAME	DIFECTOR  DEAZUERO, ALEXANDER  8044 GLITTER CT  ORLANDO, FL 32836		TITLE NAME	ADDITIONS/CHANGES TO	OFFICERS AND DI	<b>∠</b> Change	Addition
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SIGNATURE:

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT DOCUMENT # N94000003163-DIAMOND COVE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address COMMUNITY MGMT PROFESSIONALS, INC COMMUNITY MGMT PROFESSIONALS, INC H0009646 5401 S. KIRKMAN RD STE 450 5401 S. KIRKMAN RD STE 450 ORLANDO, FL 32819 US ORLANDO, FL 32819 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 CR2E037 (12/06) 4. FEI Number 59-3249803 City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COMMUNITY MGMT PROFESSIONALS, INC Street Address (P.O. Box Number is Not Acceptable) 5401 S. KIRKMAN RD. STE 450 ORLANDO, FL 32819 City 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 П Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITI F Pirector ☐ Defete TITI F Change ☐ Addition NAME NAME Jim Anderson BISG Diamond Cove Circle STREET ADDRESS STREET ADDRESS C/TY-ST-7/P CITY-ST-ZIP Orlando, FL 32836 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete T/TI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: \_

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR