
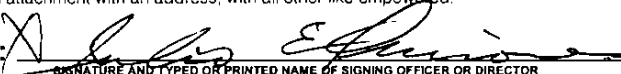


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90030 019 ****61.25

DOCUMENT # N94000003163 1. Entity Name DIAMOND COVE HOMEOWNERS ASSOCIATION, 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COMMUNITY MGMT PROFESSIONALS, INC 5401 S. KIRKMAN RD. STE 450 ORLANDO, FL 32819				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAZUERO, ALEXANDER 8044 GLITTER CT ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P METAIS, CATHERINE 10418 BRILLIANT CT. ORLANDO, FL 32836	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jim Anderson 8156 Diamond Cove Cir. Orlando, FL 32836 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSKAM, JC 8175 DIAMOND COLE CIRCLE ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, DON 8439 DIAMOND COVE CIRCLE ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, ROBERT 10034 CRYSTALLINE CT ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINONES, JULIO 10425 BRILLIANT CT ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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:  407 - 358-4062 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N94000003163					
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address		40013180	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FE# Number 59-3249803	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COMMUNITY MGMT PROFESSIONALS, INC 5401 S. KIRKMAN RD. STE 450 ORLANDO, FL 32819				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME DEAZUERO, ALEXANDER STREET ADDRESS 8044 GLITTER CT CITY-ST-ZIP ORLANDO, FL 32836	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME METAIS, CATHERINE STREET ADDRESS 10418 BRILLIANT CT. CITY-ST-ZIP ORLANDO, FL 32836	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Bonnie Nelson STREET ADDRESS 10424 Brilliant Ct. CITY-ST-ZIP Orlando, FL 32836	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME OSKAM, JC STREET ADDRESS 8175 DIAMOND COLE CIRCLE CITY-ST-ZIP ORLANDO, FL 32836	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME SMITH, DON STREET ADDRESS 8439 DIAMOND COVE CIRCLE CITY-ST-ZIP ORLANDO, FL 32836	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KELLY, ROBERT STREET ADDRESS 10034 CRYSTALLINE CT CITY-ST-ZIP ORLANDO, FL 32836	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME QUINONES, JULIO STREET ADDRESS 10425 BRILLIANT CT CITY-ST-ZIP ORLANDO, FL 32836	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>1/17/2008</i> Daytime Phone #: <i>407 352-4062</i>		