

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N94000003163

1. Entity Name
DIAMOND COVE HOMEOWNERS ASSOCIATION, INC.



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

01-29-2008 90030 019 ***61.25

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



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3249803 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

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

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

(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. \$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 Delete
NAME DEAZUERO, ALEXANDER
STREET ADDRESS 8044 GLITTER CT
CITY-ST-ZIP ORLANDO, FL 32836

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

TITLE P Delete
NAME METAIS, CATHERINE
STREET ADDRESS 10418 BRILLIANT CT.
CITY-ST-ZIP ORLANDO, FL 32836

TITLE PRESIDENT Change Addition
NAME JIM ANDERSON
STREET ADDRESS 8156 DIAMOND COVE CIR.
CITY-ST-ZIP ORLANDO, FL 32836

TITLE T Delete
NAME OSKAM, JC
STREET ADDRESS 8175 DIAMOND COVE CIRCLE
CITY-ST-ZIP ORLANDO, FL 32836

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

TITLE S Delete
NAME SMITH, DON
STREET ADDRESS 8439 DIAMOND COVE CIRCLE
CITY-ST-ZIP ORLANDO, FL 32836

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME KELLY, ROBERT
STREET ADDRESS 10034 CRYSTALLINE CT
CITY-ST-ZIP ORLANDO, FL 32836

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME QUINONES, JULIO
STREET ADDRESS 10425 BRILLIANT CT
CITY-ST-ZIP ORLANDO, FL 32836

TITLE VICE PRESIDENT Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *X* *Julie E. Johnson* Date *1/17/2008* *407-358-4062*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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ATTACHMENT

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X 1/17/2008 X 352-4062
407
Date Daytime Phone #