

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004098 (9)

1. Corporation Name

DIAMOND PARK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33570

Mailing Address

2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33570

3. Date Incorporated or Qualified 08/22/1994 3a. Date of Last Report 02/21/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 FLM

27 Suite, Apt. #, etc.

27 1904 CLUBHOUSE DRIVE

28 City & State

28 SUN CITY CENTER, FL

29 Zip Country

29 33573 30 USA

4. FEI Number APPLIED FOR 59-3294497 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No

9. Name and Address of Current Registered Agent

STARKEY, JERRY L
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33570

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KELSEY, PATRICIA A
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33570

TITLE VD
NAME HOPPER, CARL J
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33570

TITLE STD
NAME FLINN, MILTON
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33570

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE X Change
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33573

2.1 TITLE VD
2.2 NAME KURCHINSKI, FRANK
2.3 STREET ADDRESS 3150 MATECUMBE KEY ROAD
2.4 CITY-ST-ZIP PUNTA GORDA, FL 33955

3.1 TITLE X Change
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33573

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)