## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9400004098

## DIAMOND PARK PROPERTY OWNERS' ASSOCIATION, INC.

| Principal Place of Business |  |
|-----------------------------|--|
| 2020 CLUBHOUSE DRIVE        |  |
| SUN CITY CENTER EL 33570.   |  |

Mailing Address

DIAMOND PARK PROPERTY OWNERS ASSOC INC P O BOX 510 102 PUNTA GORDA FL 33951



**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90137 001 \*\*\*\*61.25

| 2.   | Principal Place of Business   | 2a | . Mailing Address   |      |  | Date Incorporated or Qualifed   |  |  |  |
|--|-------------------------------|----|---------------------|------|--|---|--|--|--|
| 21   |                               | 26 | •                   |      |  | 08/22/1994  |  |  |  |
|  | Suite, Apt. #, etc.           | 1  | Suite, Apt. #, etc. |      |  | 4. FEI Number Applied For   |  |  |  |
| 22   |                               | 27 |                     |      |  | 59-3294497 Not Applicable   |  |  |  |
| 23   | City & State                  | 28 | City & State        |      |  | 5. Certificate of Status Desired See Required                                     |  |  |  |
| 24   | Zip Country                   | 29 | Zip                 | Cour | ntry   | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees |  |  |  |
|  | 9. Name and Address of Currer |    | stered Agent        | 1    | 10. Name and Address of New Registered Agent |   |  |  |  |
| 5. Hanne and Address of Carron regions right |                               |    |                     |      | 81   | <del></del>   |  |  |  |
| MEREDITH, DEBRA K<br>STAR HOSPITALITY MGMT   |                               |    |                     |      | 82   | 2 Street Address (P.O. Box Number is Not Acceptable)                              |  |  |  |
| 3160 MATECUMBE KEY RD                        |                               |    |                     | 83   | 3  |   |  |  |  |
|  | PUNTA GORDA FL 33955          |    |                     |      | 84   | 4 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: R | egistered Agent signature re | equired when reinstating) DATE   |            |
|----------------|---|----------|------------------------------|--|------------|
| 12.            | OFFICERS AND DIRECTORS  |          | 13.                          | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS                              |            |
| TITLE          | TD  | ☐ DELETE | 1,1 TITLE                    | ☐ Change   | Addition   |
| NAME           | WALKER, JOANN   |          | 1.2 NAME                     |  |            |
| STREET ADDRESS | 3331 DIAMOND KEY CT   |          | 1.3 STREET ADDRESS           |  |            |
| CITY-ST-ZIP    | PUNTA GORDA FL  |          | 1.4 CITY-ST-ZIP              |  |            |
| TITLE          | VD  | DELETE   | 2.1 TITLE                    | ☐ Change   | Addition   |
| NAME           | WIEGAND, PATRICIA   |          | 2.2 NAME                     |  |            |
| STREET ADDRESS | 3381 DIAMOND KEY COURT  |          | 2.3 STREET ADDRESS           |  |            |
| CITY-ST-ZIP    | PUNTA GORDA FL  |          | 2.4 CITY+ST-ZIP              | 0.0  |            |
| TITLE          | SD  | ☐ DELETE | 3.1 TITLE                    | - Smith Dick Change  | ☐ Addition |
| NAME           | SMITH, DICK   |          | 3.2 NAME                     | 3351 Diamond Key Court   | -          |
| STREET ADDRESS | 3351 DIAMOND KEY CT   |          | 3.3 STREET ADDRESS           | - Smith Dick Change 1<br>335) Diamond Key Court<br>Punta Gorden FL 3395  | 5.         |
| CITY-ST-ZIP    | PUNTA GORDA FL  |          | 3.4. CITY-ST-ZIP             |  |            |
| TITLE          |   | □ DELETE | 4.1 T?TLE                    |  | Addition   |
| NAME           |   |          | 4. 2 NAME                    | FLEISHMAN, MORT<br>3341, Diamond Key Cour                                | 1          |
| STREET ADDRESS |   |          | 4.3 STREET ADDRESS           | 3341 Diamond Key Cour  | <u>r</u> _ |
| CITY-ST-ZIP    |   |          | 4.4 CITY-ST-ZIP              | Yunta GordA FL 339   | 55_        |
| TITLE          |   | ☐ DELETE | 5.1 TITLE                    | □ Change   | Addition   |
| NAME           |   |          | 5.2 NAME                     |  |            |
| STREET ADDRESS |   |          | 5.3 STREET ADDRESS           |  |            |
| CITY-ST-ZIP    |   |          | 5.4 CITY-ST-ZIP              | ,  |            |
| TITLE          |   | ☐ DELETÉ | 6.1 TITLE                    | ☐ Change   | ☐ Addition |
| NAME           |   |          | 6.2 NAME                     |  |            |
| STREET ADDRESS |   |          | 6.3 STREET ADDRESS           |  |            |
| CITY-ST-ZIP    |   |          | 6.4 CITY-ST-ZIP              | in Section 110 07/2Vi) Florida Statutos I further certify that the infor |            |

I nereby 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 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 of on an attachment with an address, with all other like empowered.

SIGNATURE:

2-1-99