


DOCUMENT # **N94000004098**

1. Entity Name  
**DIAMOND PARK PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33570</b>	Mailing Address <b>DIAMOND PARK PROPERTY OWNERS ASSOC INC P O BOX 510 102 PUNTA GORDA FL 33951-0102 US</b>
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2. Principal Place of Business <b>15510 BURN STORE RD</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PUNTA GORDA FL</b>	City & State
Zip <b>33955</b>	Country

**FILED**  
**00 FEB 25 PM 3:40**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**  


DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3294497</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>MEREDITH, DEBRA K STAR HOSPITALITY MGMT 3160 MATECUMBE KEY RD PUNTA GORDA FL 33955</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JOANN		NAME		
STREET ADDRESS	3331 DIAMOND KEY CT		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DICK		NAME		
STREET ADDRESS	3351 DIAMOND KEY CT		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33955		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHMAN, MORT		NAME		
STREET ADDRESS	3341 DIAMOND KEY CT		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33955		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D Steve McGreevy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	3321 Diamond Key Ct	
STREET ADDRESS			STREET ADDRESS	Punta Gorda, FL 33955	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	LS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby 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 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: REINHOLD SMITH PRESIDENT 1-13-00 941 5052458  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #