FILED ~2001 UNIFORM BUSINESS REPORT (UBR) Feb 09, 2001 8:00 am DOCUMENT # N9400004098 **Secretary of State** 1. Entity Name DIAMOND PARK PROPERTY OWNERS' ASSOCIATION, INC. 02-09-2001 90220 026 ****61.25 Principal Place of Business Mailing Address DIAMOND PARK PROPERTY OWNERS ASSOCING 15510 BURNT STORE RD. PARTAL. PUNTA GORDA FL 33955 P O BOX 510 102 PUNTA GORDA FL 33951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3294497 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MEREDITH, DEBRA-K STAR HOSPITALITY MGMT 3160 MATECUMBE KEY RD Zip Code 多多分で City PUNTA GORDA FL 33955 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. CR2E037 (10/00) Addition ☐ Delete TITLE TITLE MCGREEVY, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 3321 DIAMOND KEY CT. CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33955** ☐ Addition PD Change ☐ Delete TITLE TITLE SMITH, DICK NAME NAME STREET ADDRESS STREET ADDRESS 3351 DIAMOND KEY CT CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33955 ☐ Addition TITLE ☐ Defete TITLE FLEISCHMAN, MORT NAME NAME STREET ADDRESS STREET ADDRESS 3341 DIAMOND KEY CT CITY-ST-7IP CITY-ST-ZIP **PUNTA GORDA FL 33955** Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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. Iffurther 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-02-01 941505-245