

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90495 022 ****61.25

DOCUMENT # N94000004098					
1. Entity Name DIAMOND PARK PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 15510 BURNT STORE RD. PUNTA GORDA, FL 33955			Mailing Address DIAMOND PARK PROPERTY OWNERS ASSOC INC P O BOX 510 102 PUNTA GORDA, FL 33951 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3294497	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, ALAN STAR HOSPITALITY MGMT 3160 MATECUMBE KEY RD PUNTA GORDA, FL 33955			7. Name and Address of New Registered Agent Name <u>STAR Hospitality Management</u> Street Address (P.O. Box Number is Not Acceptable) <u>6025 Taylor Rd #2</u> City <u>Punta Gorda</u> FL Zip Code <u>33950</u>		
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 <u>Sherry Dantis</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-29-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGREEVY, STEVE		NAME		
STREET ADDRESS	3321 DIAMOND KEY CT.		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	D	<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	TD	<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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIPMAN, JACK		NAME		
STREET ADDRESS	3331 DIAMOND KEY CT		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIVELY, WILLIAM		NAME		
STREET ADDRESS	3311 DIAMOND KEY CT		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYNE, ALEX		NAME		
STREET ADDRESS	3301 DIAMOND KEY COURT		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		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: <u>Dick Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		