


**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90007 025 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N94000004098</b>					
1. Entity Name <b>DIAMOND PARK PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>6025 S. TAYLOR RD. #2 PUNTA GORDA, FL 33955</b>		Mailing Address <b>6025 TAYLOR RD STE 2 PUNTA GORDA, FL 33950 US</b>			
2. Principal Place of Business - No P.O. Box # <b>6025 Taylor Road</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>Suite 2</b>		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3294497</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WHITE, ALAN STAR HOSPITALITY MGMT 6025 TAYLOR RD. #2 PUNTA GORDA, FL 33950</b>				7. Name and Address of New Registered Agent Name <b>H. Sheridan Danko</b> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Shirley Howard C.R.M.</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOREN, DANIEL S 3381 DIAMOND KEY CT PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, RICHARD 33351 DIAMOND KEY CT PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLEISCHMAN, MORT 3341 DIAMOND KEY CT PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, DICK 33351 DIAMOND KEY CT. PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIVELY, WILLIAM 3311 DIAMOND KEY CT PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRYNE, ALEX 3301 DIAMOND KEY COURT PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>[Signature]</b>				Date <b>2-19-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	