

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90095 050 ****61.25

DOCUMENT # N94000004995					
1. Entity Name AVON PARK DIAMOND CLUB, INC.					
Principal Place of Business 210 US 27 NORTH AVON PARK, FL 33825			Mailing Address P O BOX 351 AVON PARK, FL 33826 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		50033651 	
City & State		City & State		03292005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0524634		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SEVIGNY, RONALD 515 KELLY ROBERTS RD ZOLFO SPRINGS, FL 33890			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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 PD NAME DUNE, MAX STREET ADDRESS 1010 W MAIN ST. CITY-ST-ZIP AVON PARK, FL 33825	<input type="checkbox"/> Delete		TITLE DEVLIN, TIM NAME PD STREET ADDRESS 321 TULANE CIR CITY-ST-ZIP AVON PARK, FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME DEVLIN, TIM STREET ADDRESS 321 TULANE CIR. CITY-ST-ZIP AVON PARK, FL 33825	<input type="checkbox"/> Delete		TITLE V NAME WRIGHT, RANDY STREET ADDRESS 910 LAKE COTECA DR CITY-ST-ZIP AVON PARK, FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME DERKMAN, LUCY STREET ADDRESS 103 E. MONROE STREET CITY-ST-ZIP AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete		TITLE TD NAME BROEN, CHET STREET ADDRESS 3310 PAR RD. CITY-ST-ZIP SEBRING, FL 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BROEN, CHET STREET ADDRESS 3310 PAR RD. CITY-ST-ZIP SEBRING, FL 33870	<input type="checkbox"/> Delete		TITLE BD NAME SEVIGNY, RONALD STREET ADDRESS 515 KELLY ROBERTS RD CITY-ST-ZIP ZOLFO SPRINGS, FL 33890	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE BD NAME WRIGHT, RANDY STREET ADDRESS 910 LAKE COTECA DR. CITY-ST-ZIP AVON PARK, FL 33825	<input type="checkbox"/> Delete		TITLE BD NAME DUKE, MAY STREET ADDRESS 1010 W. MAIN ST. CITY-ST-ZIP AVON PARK, FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE BD NAME JARRETT, BILL STREET ADDRESS P.O. BOX 1683 CITY-ST-ZIP AVON PARK, FL 33826	<input type="checkbox"/> Delete		TITLE BD NAME JARRETT, BILL STREET ADDRESS P.O. BOX 1683 CITY-ST-ZIP AVON PARK, FL 33826	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this form 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>DIAMOND</u> 3-30-05 863-414-385					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					