

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004995

FILED  
Jul 19, 2006  
Secretary of State

Entity Name: AVON PARK DIAMOND CLUB, INC.

## Current Principal Place of Business:

210 US 27 NORTH  
AVON PARK, FL 33825

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 351  
AVON PARK, FL 33826 US

## New Mailing Address:

FEI Number: 65-0524634      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

SEVIGNY, RONALD  
515 KELLY ROBERTS RD  
ZOLFO SPRINGS, FL 33890 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DEVLIN, TIM  
Address: 321 TULANE CIR  
City-St-Zip: AVON PARK, FL 33825

Title: V ( ) Delete  
Name: WRIGHT, RANDY  
Address: 910 LANE LOTELR DR  
City-St-Zip: AVON PARK, FL 33825

Title: TDSD ( ) Delete  
Name: BROJEK, CHET  
Address: 3310 PAR RD  
City-St-Zip: SEBRING, FL 33870

Title: BD ( ) Delete  
Name: SEVIGNY, RONALD  
Address: 515 KELLY ROBERTS RD  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: BD ( ) Delete  
Name: DUKE, MAY  
Address: 1010 W MAIN ST  
City-St-Zip: AVON PARK, FL 33825

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD O SEVIGNY

BD

07/19/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date