## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N94000004995

Entity Name: AVON PARK DIAMOND CLUB, INC.

FILED May 08, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

210 US 27 NORTH AVON PARK, FL 33825

**Current Mailing Address: New Mailing Address:** 

P O BOX 351

AVON PARK, FL 33826 US

FEI Number: 65-0524634 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

**OFFICERS AND DIRECTORS:** 

SIGNATURE: RONALD SEVIGNY Date

Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete (X) Change ( ) Addition

DEVLIN, TIM MARLEY, DAVID Name: Name: 321 TULANE CIR Address: 2212 N HARTMAN RD Address: City-St-Zip: AVON PARK, FL 33825 City-St-Zip: AVON PARK, FL 33825

Title: Title: (X) Change ( ) Addition ( ) Delete WRIGHT, RANDY Name: CROSSON, TRAVIS Name:

Address: 910 LANE LOTELR DR Address: 402 S CENTRAL AVE City-St-Zip: AVON PARK, FL 33825 City-St-Zip: AVON PARK, FL 33825

Title: TDSD () Delete Title: TDSD (X) Change ( ) Addition

BROJEK, CHET MARLEY, RENE Name: Name: Address: 3310 PAR RD Address: 2212 N HARTMAN RD City-St-Zip: SEBRING, FL 33870 City-St-Zip: AVON PARK, FL 33825

Title: BD ( ) Delete Title: BD (X) Change ( ) Addition

BEERS, JON Name: SEVIGNY, RONALD Name: Address: 515 KELLY ROBERTS RD Address: 2936 N CAMBRIDGE ST ZOLFO SPRINGS, FL 33890 City-St-Zip: City-St-Zip: AVON PARK, FL 33825

Title: ( ) Delete Title: (X) Change ( ) Addition

DUKE, MAY HARDY, LARRY Name: Name: 1010 W MAIN ST 2360 N DUNWOODIE Address: Address: City-St-Zip: AVON PARK, FL 33825 City-St-Zip: AVON PARK, FL 33825

I hereby certify that the information supplied with this filing does not qualify 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: DAVID MARLEY PD 05/08/2009