

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004601

FILED  
Feb 19, 2009  
Secretary of State

**Entity Name:** DIAMOND HEAD HOMEOWNERS' ASSOCIATION OF COOPER CITY, INC.

**Current Principal Place of Business:**

4800 N STATE ROAD 7  
105  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4800 N STATE ROAD 7  
105  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

**FEI Number:** 65-0853978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KATZMAN GARFINKEL, P.A.  
1501 N.W. 49TH ST.  
SUITE 202  
FT. LAUDERDALE, FL 33309 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: P ( ) Delete  
Name: BERKMAN, MARVIN  
Address: 8903 NW 34 ST  
City-St-Zip: COOPER CITY, FL 33024

Title: T ( ) Delete  
Name: HARRIS, GINA  
Address: 3830 NW 89TH WAY  
City-St-Zip: COOPER CITY, FL

Title: D ( ) Delete  
Name: BRICKMAN, DICK  
Address: 3480 NW 89 TERR  
City-St-Zip: COPPERCITY, FL 33024

Title: VP ( ) Delete  
Name: NALL, DAVID  
Address: 3620 NW 87TH WAY  
City-St-Zip: COPPER CITY, FL 33024

Title: D ( ) Delete  
Name: CANN, JAMES  
Address: 8965 NW 41 STREET  
City-St-Zip: COOPER CITY, FL 33024

**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 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: MARVIN BERKMAN

P

02/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date