

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/25

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90105 018 \*\*\*\*61.25

**DOCUMENT # N97000000591**

1. Entity Name

**DIAMOND LAKE CONDOMINIUM ASSOCIATION A, INC.**

Principal Place of Business

1455 PIPER BLVD  
NAPLES FL 33943

Mailing Address

1455 PIPER BLVD  
NAPLES FL 34110-1388

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0769543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NAJAR, JACOB  
1455 PIPER BLVD.  
NAPLES FL 33943

7. Name and Address of New Registered Agent

Name

**HARRY MARTIN**

Street Address (P.O. Box Number is Not Acceptable)

**100 DIAMOND CIRCLE #3**

City

**NAPLES**

**FL**

Zip Code

**34110**

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.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

**PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

**3/28/00**

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THURMAN, BETTY</b>	
STREET ADDRESS	<b>200 DIAMOND LAKES CIR #3</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LUX, JEANNE</b>	
STREET ADDRESS	<b>300 DIAMOND LAKE CIR #6</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, HARRY</b>	
STREET ADDRESS	<b>100 DIAMOND CIR #3</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 life empowered.

SIGNATURE:

*[Signature]* **HARRY D. MARTIN** **2/5/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)