

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

0072519

**DOCUMENT # N97000000591**

1. Entity Name

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

05-15-2001 90201 030 \*\*\*\*61.25

**C0066621**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1455 PIPER BLVD NAPLES FL 33943</b>		Mailing Address <b>1455 PIPER BLVD NAPLES FL 33943</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>37 MENTOR DR.</b> Suite, Apt. #, etc.	
City & State <b>NAPLES FL</b>		4. FEI Number <b>65-0769543</b>	
Zip <b>34110</b>		Country	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MARTIN, HARRY 100 DIAMOND CIRCLE #3 NAPLES FL 34110</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THURMAN, BETTY</b> <b>200 DIAMOND LAKES CIR #3</b> <b>NAPLES FL 34110</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KENNETH PHILLIPS</b> <b>100 DIAMOND CIR. #2</b> <b>NAPLES, FL 34110</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUX, JEANNE</b> <b>300 DIAMOND LAKE CIR #6</b> <b>NAPLES FL 34110</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATRICIA KROLL</b> <b>100 DIAMOND CIR. #6</b> <b>NAPLES, FL 34110</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTIN, HARRY</b> <b>100 DIAMOND CIR #3</b> <b>NAPLES FL 34110</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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:

**HARRY MARTIN**

**4/1/01**

CR2E037 (10/00)