


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90455 042 ****61.25

DOCUMENT # N97000000726 1. Entity Name DIAMOND LAKE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business ADVANCED PROPERTY MANAGEMENT SVCE, INC 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134	Mailing Address ADVANCED PROPERTY MANAGEMENT SVCE, INC 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134 US
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04152005 No Chg-NP CF2E037 (10/03)

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4. FEI Number 65-0769539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMPSON, SUSAN L ADVANCED PROPERTY MANAGEMENT 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134
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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUTRYN, JUDITH 500 DIAMOND CIR. #2 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEAUPRE, RICHARD 500 DIAMOND CIRCLE #7 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OLSON, CAROL 900 DIAMOND CIR. #4 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONLAD, CAROLYN 700 DIAMOND CIR #8 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTIN, HARRY 100 DIAMOND CIRCLE #3 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *K. R. H. F. H. S.* *4-26-05* *239 254 0233*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #