

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90368 039 ****61.25

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| DOCUMENT # N97000000726 1. Entity Name DIAMOND LAKE CONDOMINIUM ASSOCIATION, INC. | | | |
| 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 | |
| 2. Principal Place of Business Advanced Property Management Service, Inc. Suite, Apt. #, etc. 1035 Collier Center Way, #7 Naples, FL 34110 | | 3. Mailing Address Advanced Property Management Service, Inc. Suite, Apt. #, etc. 1035 Collier Center Way, #7 Naples, FL 34110 | |
| 4. FEI Number 65-0769539 | | Applied For <input type="checkbox"/> 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 | | 7. Name and Address of New Registered Agent Name Advanced Property Management Service, Inc. Street Address (P.O. Box Number is Not Acceptable) 1035 Collier Center Way, #7 City Naples, FL 34110 FL 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Susan L Thompson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> SUSAN L THOMPSON, AGENT 02/21/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> DATE </div> </div> | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | DS <input type="checkbox"/> Delete BUTRYN, JUDITH STREET ADDRESS 500 DIAMOND CIR. #2 CITY-ST-ZIP NAPLES, FL 34110 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> Delete BEAUPRE, RICHARD STREET ADDRESS 500 DIAMOND CIRCLE #7 CITY-ST-ZIP NAPLES, FL 34110 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> Delete OLSON, CAROL STREET ADDRESS 900 DIAMOND CIR. #4 CITY-ST-ZIP NAPLES, FL 34110 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> Delete MCDONLAD, CAROLYN STREET ADDRESS 700 DIAMOND CIR #8 CITY-ST-ZIP NAPLES, FL 34110 | TITLE | Tim Mausing <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1100 Diamond Circle #5 Naples, FL 34110 |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> Delete MARTIN, HARRY STREET ADDRESS 100 DIAMOND CIRCLE #3 CITY-ST-ZIP NAPLES, FL 34110 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>KAB</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <i>4-18-06</i> Daytime Phone # <i>513-9432</i> | |