

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90074 025 ****61.25

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1. Corporation Name

DIAMOND PLAYERS CLUB CHARITIES, INC.

Principal Place of Business

1651 SANTA BARBARA DR
DUNEDIN FL 34698

Mailing Address

1651 SANTA BARBARA DR
DUNEDIN FL 34698



2. Principal Place of Business

21 200 HUNT CLUB BLVD

Suite, Apt. #, etc.

22 City & State
23 Longwood FL

24 Zip 32779 25 Country

2a. Mailing Address

26 200 HUNT CLUB BLVD

Suite, Apt. #, etc.

27 City & State
28 Longwood FL

29 Zip 32779 30 Country

3. Date Incorporated or Qualified

06/01/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TREUHART, JOEL S
3894 TAMPA RD, STE A
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name

PAT O'Connor

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

2240 BELLEAIR RD

83

SUITE 160

84 City

CLEARWATER

FL

85 Zip Code

33764

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D LEGNINI, MERIC
STREET ADDRESS
10807 GAINSBOROUGH RD
CITY-ST-ZIP
POTOMAC MD 20854

TITLE ☐ DELETE

NAME
D STOTTEMYRE, TODD
STREET ADDRESS
211 RUE DES CHATEAUX
CITY-ST-ZIP
TARPOON SPRINGS FL 34689

TITLE ☐ DELETE

NAME
D GAGLIARDI, GREGG
STREET ADDRESS
1651 SANTA BARBARA DR
CITY-ST-ZIP
DUNEDIN FL 34698

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

200 HUNT CLUB BLVD
Longwood FL 32779

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED GAGLIARDI 1-14-99

407 862-5113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)