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

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

**DOCUMENT # N98000003150**  
 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	2a. Mailing Address	3. Date Incorporated or Qualified
21 200 HUNT CLUB BLVD	26 200 HUNT CLUB BLVD	06/01/1998
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Longwood FL	28 Longwood FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 32779	29 32779	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TREUHAF, JOEL S 3894 TAMPA RD, STE A OLDSMAR FL 34677	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]* DATE: 2/2/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LEGNINI, MERIC	1.2 NAME	
STREET ADDRESS	10807 GAINSBOROUGH RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D STOTTEMYRE, TODD	2.2 NAME	
STREET ADDRESS	211 RUE DES CHATEAUX	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GAGLIARDI, GREGG	3.2 NAME	
STREET ADDRESS	1651 SANTA BARBARA DR	3.3 STREET ADDRESS	200 HUNT CLUB BLVD
CITY-ST-ZIP	DUNEDIN FL 34698	3.4 CITY-ST-ZIP	Longwood FL 32779
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GAGLIARDI DATE: 1-14-99 DAYTIME PHONE #: 407 862-5113

CR2E037 (1/198)