


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003150 1. Entity Name DIAMOND PLAYERS CLUB CHARITIES, INC.	
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Principal Place of Business 2601 DIAMOND CLUB DR CLERMONT, FL 34711	Mailing Address 2601 DIAMOND CLUB DR CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE



06092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3527052	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 GAGLIARDI, GREG 2601 DIAMOND CLUB DR CLERMONT, FL 34711

**DO NOT WRITE
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 reappointing) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	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	D STOTTLEMYRE, TODD 2601 DIAMOND CLUB DR CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGLIARDI, GREGG 2601 DIAMOND CLUB DR CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, EDMUND 2792 FALCON RIDGE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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06/14/04-80001-020 61.25

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: _____ **6-8-04** **352-243-0411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #