


**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.**



Principal Place of Business 2601 DIAMOND CLUB DR CLERMONT, FL 34711	Mailing Address 2601 DIAMOND CLUB DR CLERMONT, FL 34711
---	---

**DO NOT WRITE IN THIS SPACE**



06092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3527052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOTTEMYRE, 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	

U00000162517  
 06/14/04-80001-020 61.25

**DO NOT WRITE 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)(f), 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 #