

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000323

1. Entity Name

DIAMOND LAKE CONDOMINIUM ASSOCIATION E, INC.

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91516 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

37 MENTOR DR  
 NAPLES FL 34110

37 MENTOR DR  
 NAPLES FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0928838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, SUSAN L  
 37 MENTOR DR.  
 NAPLES FL 34110

Name

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

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS ZAKEM, LEONARD  
 CITY-ST-ZIP 1100 DIAMOND CIRCLE #5  
 NAPLES FL 34110

TITLE ☐ Change ☒ Addition  
 NAME D  
 STREET ADDRESS GERTRUDE MANKIEWICZ  
 CITY-ST-ZIP 1000 DIAMOND CIR. #1  
 NAPLES, FL 34110

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS COLE, IRENE  
 CITY-ST-ZIP 1100 DIAMOND CIRCLE #1  
 NAPLES FL 34110

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS PETROW, PATRICIA  
 CITY-ST-ZIP 1100 DIAMOND CIRCLE #2  
 NAPLES FL 34110

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Gertrude Mankiewicz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02  
 Date

Daytime Phone #

CR2E037 (9/01)