2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Aug 08, 2005 08:00 AM Secretary of State DOCUMENT # N99000001002 1. Entity Name DIAMOND RIDGE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 522 HIGHWAY 92 PO BOX 1373 AUBURNDALE FL 33823 AUBURNDALE FL 33823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (5/05) City & State City & State 4. FEI Number Applied For 59-3577046 Not Applicable 7in Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECKMAN, BERNARD Street Address (P.O. Box Number is Not Acceptable) 214 DIAMOND RIDGE BLVD AUBURNDALE FL 33823 City 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. 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 reinstailing) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By September 7, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. BLACKMAN, JIMMY TITLE Delete Allif Change ☐ Addition 160 DIAMOND RIDGE BLVD NAME NAME .000001375866 08708705-80004-017 61.25 AUBURNDALE FL 33823 STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP BECKMAN, BERNARD TITLE Delete MILE Change Addition NAME 214 DIAMOND RIDGE BLVD STREET ADDRESS AUBURNDALE FL 33823 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Defete DUE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP HILE ☐ Delete Die ☐ Change Addition NAME NAMŁ STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete HILL ETTLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delele 3111 ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

15/05 863-551 1338