


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

**FILED**  
**Aug 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000001002</b> 1. Entry Name <b>DIAMOND RIDGE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>522 HIGHWAY 92 AUBURNDALE FL 33823</b>		Mailing Address <b>PO BOX 1373 AUBURNDALE FL 33823</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3577046</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BECKMAN, BERNARD 214 DIAMOND RIDGE BLVD AUBURNDALE FL 33823</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature of Current Agent			Signature of New Agent		
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when re-registering)		
DATE			DATE		
<b>FILE NOW: FEE IS \$61.25 Due By September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BLACKMAN, JIMMY 160 DIAMOND RIDGE BLVD AUBURNDALE FL 33823</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BECKMAN, BERNARD 214 DIAMOND RIDGE BLVD AUBURNDALE FL 33823</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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2nd MOORE CR2E037 (5/05)

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08/08/05-80004-0117 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:**  **8/5/05 863-557-1338**