# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2009**
**Secretary of State**

DOCUMENT# N99000001303

**Entity Name:** DIAMOND CREST VILLAGE TOWNHOME ASSOCIATION, INC.

**Current Principal Place of Business:**

16 GOLF VIEW DRIVE
OCALA, FL 34472 US

**New Principal Place of Business:**

**Current Mailing Address:**

16 GOLF VIEW DRIVE
OCALA, FL 34472 US

**New Mailing Address:**

**FEI Number: 65-0902463** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPELLMAN, MICHAEL P
16 GOLF VIEW DRIVE
OCALA, FL 34472 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | EHLERS, BRIAN E | |
| Address: | P. O. BOX 6978 | |
| City-St-Zip: | OCALA, FL 34478 69 | |
| Title: | D | ( ) Delete |
| Name: | SCHERTZ, WILLIAM | |
| Address: | 16 GOLF VIEW DRIVE | |
| City-St-Zip: | OCALA, FL 34472 | |
| Title: | D | ( ) Delete |
| Name: | MESMITS, LEILA | |
| Address: | 16 GOLF VIEW DRIVE | |
| City-St-Zip: | OCALA, FL 34472 | |
| Title: | D | ( ) Delete |
| Name: | SPELLMAN, MICHAEL | |
| Address: | 16 GOLF VIEW DRIVE | |
| City-St-Zip: | OCALA, FL 34472 | |
| Title: | D | (X) Delete |
| Name: | WILSON, LINDA | |
| Address: | 16 GOLF VIEW DRIVE | |
| City-St-Zip: | OCALA, FL 34472 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | D | (X) Change ( ) Addition |
| Name: | SIBONY, PHYLLIS | |
| Address: | 176 LAKE DIAMOND AVE. | |
| City-St-Zip: | OCALA, FL 34472 | |
| Title: | D | (X) Change ( ) Addition |
| Name: | MESMITS, LEILA | |
| Address: | 260 LAKE DIAMOND AVE. | |
| City-St-Zip: | OCALA, FL 34472 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SPELLMAN D 04/24/2009

Electronic Signature of Signing Officer or Director — Date