

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006660

1. Entity Name

DIAMOND LAKE CONDOMINIUM ASSOCIATION B, INC.

Principal Place of Business

1455 PIPER BOULEVARD  
NAPLES FL 33943

Mailing Address

1455 PIPER BOULEVARD  
NAPLES FL 33943

2. Principal Place of Business

3. Mailing Address

37 MENTOR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES, FL

Zip

Country

34110

Country

4. FEI Number

APPLIED FOR

65-1050962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DRAKE, JENNIFER B  
3111 STIRLING ROAD  
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name SUSAN L. THOMPSON

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

37 MENTOR DR.

City

NAPLES

FL

Zip Code

34110

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

Susan L. Thompson

SUSAN L. THOMPSON

4/1/01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NAGAR, JACOB	
STREET ADDRESS	1455 PIPER BOULEVARD	
CITY-ST-ZIP	NAPLES FL 33943	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BERNERT, JAN	
STREET ADDRESS	1455 PIPER BOULEVARD	
CITY-ST-ZIP	NAPLES FL 33943	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ROJAS, MARCO	
STREET ADDRESS	1455 PIPER BOULEVARD	
CITY-ST-ZIP	NAPLES FL 33943	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA PALE	
STREET ADDRESS	1455 PIPER BLVD.	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM RUSH	
STREET ADDRESS	1455 PIPER BLVD.	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULES CARR	
STREET ADDRESS	1455 PIPER BLVD.	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED

4-12-01

941-598-1411

FILED  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 91322 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)