

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006661

1. Entity Name

DIAMOND LAKE CONDOMINIUM ASSOCIATION C, INC.

Principal Place of Business

1455 PIPER BOULEVARD  
NAPLES FL 33943

Mailing Address

37 MENTOR DRIVE  
NAPLES FL 34110

2. Principal Place of Business

Advanced Property Mgmt Service

3. Mailing Address

Suite, Apt. # 37 Mentor Drive  
Naples FL 34110

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

90-0016817  
APPLIED FOR

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 DRIVE  
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 PD ☒ Delete  
NAME PACE, DONNA  
STREET ADDRESS 1455 PIPER BOULEVARD  
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Change ☒ Addition  
NAME JAMES McDONALD  
STREET ADDRESS 700 DIAMOND CIR. #8  
CITY-ST-ZIP NAPLES, FL 34110

TITLE VD ☒ Delete  
NAME RUSH, JIM  
STREET ADDRESS 1455 PIPER BOULEVARD  
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Change ☒ Addition  
NAME CAROLINE McDONALD  
STREET ADDRESS 700 DIAMOND CIR. #8  
CITY-ST-ZIP NAPLES, FL 34110

TITLE STD ☐ Delete  
NAME RICHARD, LUCIEN  
STREET ADDRESS 1455 PIPER BOULEVARD  
CITY-ST-ZIP 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

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STREET ADDRESS  
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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:

*Signature of Carolyn McDonald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN McDONALD

Date

Daytime Phone #

4/30/12

CR2E037 (9/01)