## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000103421 (9)

## DIAMOND HOMES OF NAPLES CORPORATION

Principal Place of Business	Mailing Address					
8001 RADIO ROAD NAPLES FL 34104	8001 RADIO ROAD NAPLES FL 34104-5423					

**FILED** Jun 05 1997 8:00am Secretary of State

T FORITOR OF THE PRICE	OHAL DEIN ODAN OL	PIDI IIDII DDADD II	

Principal Place	of Business	Mailing Add	Mailing Address							
8001 RADIO RO NAPLES FL 3410			8001 RADIO ROAD NAPLES FL 34104-5423							
							3. Date incorporated or Qualified 12/24/1996	3a. Da	ate of Last F	Report
2. Principal Pl	ace of Business	2a. Mailing /	Address				4. FEI Number		A	pplied For
21		26	26		APPLIED FOR	_	Not Applicable			
Suite, Apt. #, etc.  22  City & State		Suite, Ar	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional			
		27	City & State			5. Certificate of Status Desireo	LJ	Fee Required \$5.00 May Be		
		City & St				6. Election Campaign Financing				
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Coun	ntry		8. This corporation has liability for			s. 199.032,
24	25	29		30					No	
	9. Name and Address of Curr	ent Registered Age	ent				10. Name and Address of New R	egistered	Agent	
VOGE	el, James D			l'	81	Name				
	TAMIAMI TRAIL NORTH			l i	82	Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
SUITI										
	ES FL 34103			[+	83					•
7				h,	84	City	<del></del>		<b>85</b> Zip	Code
				'	34	Oity		FL		0000
	o the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607.1508, I ite of Florida. Such d igations of, Section	Florida Statul change was 607.0505, Fl	tes, the ab authorized lorida Statu	ove I by utes.	<ul> <li>named corp the corporat</li> </ul>	poration submits this statement for the lion's board of directors. I hereby acce	purpose o	f changing i pointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered	anent and little if applicable	(NO	F: Registered	Agen	nt signature requir	red when reinstating)	DATE		
12.		ND DIRECTORS	(,,0,	13.		109111111111111111111111111111111111111	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
TITLE	D		DELETE	1.1 300	LE				☐ Change	Addition
NAME	NAGAR, JACOB			1.2 NA	ME					
STREET ADDRESS	8001 RADIO ROAD			13 STA	REFT A	ADDRESS				
CITY-ST-ZIP	NAPLES FL 34104			1.4 CIT						
TITLE	TWO IL OTHER		DELETE	2 1 7171					Change	Addition
NAME		_	_	2.2 NA					_ •	·—
STREET ADDRESS						AODRESS				
				2 4 CH						
CITY-ST-ZIP TITLE			DELETÉ	31 111		1 - 411			Change	Addition
NAME				3 2 NAI						
STREET ADDRESS						ADDRESS				
				3.4, D(1						
CITY-ST-ZIP TITLE			DELETE	4.1 TITI		1-217			Change	Addition
NAME		L.		4.2 NA		1				
i						*DODECC				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE	4.4 CIT		- 217			Change	Addition
TITLE		L		5.1 TITI					TI Auguste	L YOURIDII
NAME				5.2 NAI						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			I DELETE	5.4 CIT		i-ZIP				A al al al al a
TITLE		L	DELETÉ	6.1 TITI					☐ Change	Addition
NAME				6.2 NAI	MÉ					
STREET ADDRESS				6.3 STF	REET A	ADORESS				
CITY-ST-ZIP				6.4 CIT	Y-ST	(-ZIP				

14. I do 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 annual report or supplemental about 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 received trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an address.

CHIELD