## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005967

Entity Name: VOA ARBOR APARTMENTS, INC.

**Current Principal Place of Business:** 

850 5TH AVE SOUTH **SUITE 1100** 

ST PETERSBURG, FL 33701-4313

**Current Mailing Address:** 

850 5TH AVE SOUTH **SUITE 1100** ST PETERSBURG, FL 33701 US

FEI Number: 72-1283222 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRINGFELLOW, JANET M 850 5TH AVE SOUTH **SUITE 1100** 

ST. PETERSBURG, FL 33701 US

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: JANET M. STRINGFELLOW 03/01/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title CHAIRMAN

Name STRINGFELLOW, JANET M Name GOODWIN, THOMAS

850 5TH AVE SOUTH 850 5TH AVE SOUTH Address Address

**SUITE 1100 SUITE 1100** 

City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: ST PETERSBURG FL 33701

Title VC Title **DIRECTOR** 

Name MESA, IVAN Name **BOWMAN, THOMAS** 

Address 850 5TH AVE SOUTH Address 850 5TH AVE SOUTH

**SUITE 1100 SUITE 1100** 

City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: ST PETERSBURG FL 33701

Title **SECRETARY** Title DIRECTOR

THROWER, DEBRA DR. REYNOLDS, SPENCER Name Name

850 5TH AVE SOUTH 850 5TH AVE SOUTH Address Address

**SUITE 1100 SUITE 1100** 

City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: ST PETERSBURG FL 33701

**DIRECTOR** Title Title **TREASURER** Name VIAMONTES, BETTY Name **EVANS. MELODY** Address 850 5TH AVE SOUTH Address 850 5TH AVE SOUTH

**SUITE 1100 SUITE 1100** 

ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 City-State-Zip: City-State-Zip:

## Continues on page 2

I hereby 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 all other like empowered.

03/01/2024 SIGNATURE: JANET STRINGFELLOW PRESIDENT/CEO

**FILED** Mar 01, 2024

**Secretary of State** 

7366566431CC

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name RIGG, KHARY Name MALISZEWSKI, KENNETH

Address 850 5TH AVE SOUTH Address 850 5TH AVE SOUTH

SUITE 1100 SUITE 1100

City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: ST PETERSBURG FL 33701

TitleDIRECTORTitleDIRECTORNameROGERS, JOSEPHNameGATES, DAVID

Address 850 5TH AVE SOUTH Address 850 5TH AVE SOUTH

SUITE 1100 SUITE 1100

City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: ST. PETERSBURG FL 33701