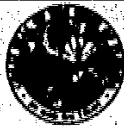


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1570 (3)

1. Corporation Name

DISSTON REGENCY APARTMENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

955 51ST ST NO
ST. PETERSBURG FL 33710
US

955 51ST ST NO
ST. PETERSBURG FL 33710
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/21/1984
3a. Date of Last Report 02/08/1994
4. FBI Number 59-1565131
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOWE, WINIFRED W
5001 WINTH AVE NORTH
ST. PETERSBURG FL 33710

81 Name CLAUDE LAJOIE
82 Street Address (P.O. Box Number is Not Acceptable) 12300 SUN VISTA CT.
83
84 City TREASURE ISLAND FL 85 Zip Code 33706

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Claude Lajoie

(NOTE: Registered Agent signature required when registering)

DATE

1/11/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
C	CARLSON, BETTY PAULA WILKE	955 51ST STREET NORTH ST. PETERSBURG FL	
D	FLOYD WILCOX	955 51ST STREET NORTH ST. PETERSBURG FL	
S	NORRIS, MARION	955 51ST STREET NORTH ST. PETERSBURG FL	
VC	GARLAND, THOMAS	955 51ST STREET NORTH ST. PETERSBURG FL	
D	BOB PATTON	955 51ST STREET NORTH ST. PETERSBURG FL	

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	
	PAULA WILKE	955 51st Street North	St. Petersburg, FL 33710		FLOYD WILCOX	955 51st Street North	St. Petersburg, FL 33710		MARION NORRIS	955 51st Street North	St. Petersburg, FL 33710		THOMAS GARLAND	955 51st Street North	St. Petersburg, FL 33710		BOB PATTON	955 51st Street North	St. Petersburg, FL 33710					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paula Wilke

3/13/95 367-0805