FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01570 (3)

1. Corporation Name
DISSTON REGENCY APARTMENTS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
955 51ST ST NO ST. PETERSBURG FL 33710 US	955 51ST ST NO ST. PETERSBURG FL 33710 US

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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: [signature] DATE: 1/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	CD	☑ Change ☐ Addition
NAME	~~CARLSON, BETTY~~ PAULA WILKE	1.2 NAME	PAULA WILKE	
STREET ADDRESS	955 51ST STREET NORTH	1.3 STREET ADDRESS	955 51st Street North	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	~~AD~~ D Floyd WILCOX	2.1 TITLE	D	☑ Change ☐ Addition
NAME	~~VAN FLEET, THELMA L~~	2.2 NAME	Floyd Wilcox	
STREET ADDRESS	955 51ST STEEET NORTH	2.3 STREET ADDRESS	955 51st Street North	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	S	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	NORRIS, MARION	3.2 NAME	MARION NORRIS	
STREET ADDRESS	955 51ST STREET NORTH	3.3 STREET ADDRESS	955 51st STREET North	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	~~D~~ VC	4.1 TITLE	VCD	☑ Change ☐ Addition
NAME	GARLAND, THOMAS	4.2 NAME	Thomas Garland	
STREET ADDRESS	955 51ST STREET NORTH	4.3 STREET ADDRESS	955 51st Street North	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	D ~~Bob~~ PATTON	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~HOBBES, WILLIAM~~	5.2 NAME	Bob Patton	
STREET ADDRESS	955 51ST STREET NORTH	5.3 STREET ADDRESS	955 51st Street North	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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 617, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

084034