2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N01570

Entity Name: DISSTON REGENCY APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business:

955 51ST ST NO
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

955 51ST ST NO
ST. PETERSBURG, FL 33710 US

New Mailing Address:

955 51ST ST NO
OFFICE BOX
ST. PETERSBURG, FL 33710 US

FEI Number: 59-1565131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAJOI, CLAUDE
441 TRINIDAD LANE
LARGO, FL 33770 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: WALTERS, JAYCE
Address: 955 51ST ST. N. #209
City-St-Zip: SAINT PETERSBURG, FL 33770

Title: T ( ) Delete
Name: WHITNEY, FRANCES
Address: 955 52ST ST. N #301
City-St-Zip: SAINT PETERSBURG, FL 33770

Title: D ( ) Delete
Name: MARTIN, TONI
Address: 955 51ST ST. N. #104
City-St-Zip: SAINT PETERSBURG, FL 33770

Title: D ( ) Delete
Name: SALAS, ELBA
Address: 955 51ST ST. N. #305
City-St-Zip: SAINT PETERSBURG, FL 33770

Title: D ( ) Delete
Name: GARLAND, JOSEPHINE
Address: 755 51ST ST. N. #103
City-St-Zip: ST. PETERSBURG, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: GEISNER, JUDY
Address: 955 52ST ST. N #309
City-St-Zip: SAINT PETERSBURG, FL 33770

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: J.P. WALTERS PRES 03/02/2009

Electronic Signature of Signing Officer or Director — Date