2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010319

FILED Apr 02, 2008 Secretary of State

Entity Name: DISSTON PLAZA APARTMENTS CONDOMINIUM ASSOCIATION, INC.

	Current Principal Place of Business:				New Principal Place of Business:		
	STREET NO SBURG, FL 3						
Current Mailing Address:				New Maili	New Mailing Address:		
C/O RESOL	JRCE PROPI	ERTY MANAGE	MENT				
7300 PARK		US					
FEI Number:	59-1804060	FEI Number Ap	plied For () Fi	El Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registe	red Agent:	Name and	Address of	New Registered Agent:	
RESOURC	E PROPERT	Y MANAGEMEN	1T				
7300 PARK	STREET , FL 33777	US					
SEMINOLE	, FL 33///	05					
The above in the State		submits this stat	ement for the purpo	ose of changing i	its registered	office or registered agent, or both,	
SIGNATUR	E:						
	Electror	nic Signature of	Registered Agent			Date	
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title:) Delete		Title:	(() Change () Addition	
√ame: √ddress:	GERHOLD, DO	N REET NORTH #104		Name: Address:			
City-St-Zip:		JRG, FL 33710 US		City-St-Zip:			
Γitle:	VP () Delete		Title:	Т ((X) Change()Addition	
Name:	MARTIN, TOM			Name:	CARD, NORM		
				Address:	1000 49TH S	TREET NORTH #101	
		REET NORTH #212		City St Zin:		DODI IDA EL 22710 I IO	
		SBURG, FL 33710		City-St-Zip:		RSBURG, FL 33710 US	
City-St-Zip:	T ()	SBURG, FL 33710) Delete		City-St-Zip: Title:	SAINT PETER	RSBURG, FL 33710 US (X) Change () Addition	
City-St-Zip: Fitle: Name:	T () CARD, NORMA	BURG, FL 33710) Delete	US	Title: Name:	SAINT PETER S (GEORGE, M	(X) Change()Addition ARY	
City-St-Zip: Fitle: Name: Address:	T () CARD, NORMA 1000 49TH STR	SBURG, FL 33710) Delete C REET NORTH #101	US	Title: Name: Address:	SAINT PETER S (GEORGE, MA 1000 49TH S	(X) Change()Addition ARY TREET NORTH #201	
City-St-Zip: Fitle: Name: Address:	T () CARD, NORMA 1000 49TH STR	BURG, FL 33710) Delete	US	Title: Name:	SAINT PETER S (GEORGE, MA 1000 49TH S	(X) Change()Addition ARY	
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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: DON GERHOLD P/D 04/02/2008