

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90085 007 \*\*\*\*61.25

**DOCUMENT # N01570**

1. Entity Name  
**DISSTON REGENCY APARTMENTS ASSOCIATION, INC.**



Principal Place of Business  
**955 51ST ST NO  
ST. PETERSBURG, FL 33710 US**

Mailing Address  
**955 51ST ST NO  
ST. PETERSBURG, FL 33710 US**



**DO NOT WRITE IN THIS SPACE**

01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1565131</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LAJOI, CLAUDE  
441-TRINIDAD LANE  
LARGO, FL 33770**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WALTERS, JAYCE 955 51ST ST. N. #209 SAINT PETERSBURG, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DITTMAN, RUTH 955 52ST ST. N #301 SAINT PETERSBURG, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, TONI 955 51ST ST. N. #104 SAINT PETERSBURG, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, DOROTHEA 955 51ST ST. N. #305 SAINT PETERSBURG, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARLAND, JOSEPHINE 955 51st St. N #103 SAINT PETERSBURG, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/07**

Date

**727-510-3151**

Daytime Phone #