

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90018 037 ****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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1565131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAJOI, CLAUDE
441 TRINIDAD LANE
LARGO FL 33770

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	WALTERS, JAYCE	
STREET ADDRESS	955 51ST ST. N. #209	
CITY- ST- ZIP	SAINT PETERSBURG FL 33770	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DITTMAN, RUTH	
STREET ADDRESS	955 52ST ST. N #301	
CITY- ST- ZIP	SAINT PETERSBURG FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, TONI	
STREET ADDRESS	955 51ST ST. N. #104	
CITY- ST- ZIP	SAINT PETERSBURG FL 33770	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, DOROTHEA	
STREET ADDRESS	955 51ST ST. N. #305	
CITY- ST- ZIP	SAINT PETERSBURG FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARLAND, JOSEPHINE	
STREET ADDRESS	755 51ST ST. N. #103	
CITY- ST- ZIP	ST. PETERSBURG FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCES Whitney	
STREET ADDRESS	955 51st Street N #301	
CITY- ST- ZIP	SAINT PETERSBURG, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELBA SALAS	
STREET ADDRESS	955 51st Street N #306	
CITY- ST- ZIP	SAINT PETERSBURG, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2008 727
585-7224