

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 724753 (9)**

1. Corporation Name

**PETERBOROUGH APARTMENTS INC**



Principal Place of Business

**440 4TH AVE. NO  
ST. PETERSBURG FL 33701  
US**

Mailing Address

**1033 9TH ST. N STE 106  
ST. PETERSBURG FL 33701**

3. Date Incorporated or Qualified  
**11/02/1972**

3a. Date of Last Report  
**03/06/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number  
**59-1843130**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHN C. DEW  
SOUTHTRUST BANK BUILDING  
150 2ND AVENUE, NORTH  
ST. PETERSBURG FL 33701**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **BENNETT, WILLIAM K**  
STREET ADDRESS **4563 CENTRAL AVE**  
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE **DV** ☐ DELETE  
NAME **ROWELL, VIRGINIA**  
STREET ADDRESS **626 14TH. AVE. N.E.**  
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE **DS** ☐ DELETE  
NAME **BUCHERT, GERALD J**  
STREET ADDRESS **7075 BETHEL WAY S.**  
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE **D** ☐ DELETE  
NAME **NELSON, RICHARD**  
STREET ADDRESS **706 18TH AVENUE, N.E.**  
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE **D** ☐ DELETE  
NAME **BENOIT, ROSEMARY**  
STREET ADDRESS **1984 MICHIGAN AVE., N.E.**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

*301 Red Cedar Ct. N.E.  
St. Petersburg, Fl. 33703*

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)