

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90033 049 ****61.25

DOCUMENT # 724753

1. Entity Name
PETERBOROUGH APARTMENTS INC



Principal Place of Business
**440 4TH AVE. NO
ST. PETERSBURG, FL 33701 US**

Mailing Address
**11300 4TH. ST. N. STE 200
SAINT PETERSBURG, FL 33716**

DO NOT WRITE IN THIS SPACE



01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1843130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 reissuing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	D LEAGUE, PAM 5719 27TH AVENUE S. GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROWELL, VIRGINIA 626 14TH. AVE. N.E. ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, WILLIAM W 350 2ND STREET N. SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAWSON, MARGUERITE 1 BEACH DRIVE SE SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SINCLAIR, RON 4912 MILANO CT. NE SAINT PETERSBURG, FL 33703
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: Virginia W. Rowell

Typed or printed name of signing officer or director
Virginia Rowell, President

1/31/06
Date

(727) 896-8740
Daytime Phone #