

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

FILED
Jan 24, 2007 08:00 AM
Secretary of State

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**



01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1843130

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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 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**

**U000000601879
01/26/07-80067-012 61.25**

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.

PETERBOROUGH APARTMENTS, INC.

SIGNATURE BY: Virginia Rowell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07 (727) 896-8740
Date Daytime Phone #