

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724753

**Entity Name:** PETERBOROUGH APARTMENTS, INC.

**Current Principal Place of Business:**

440 4TH AVE.NO  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

5300 W. CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607

**FEI Number:** 59-1843130

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHADWICK, JAMES M  
5300 W. CYPRESS STREET  
SUITE 200  
TAMPA FL 33607 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name ROWELL, VIRGINIA W  
Address 626 14TH. AVE. N.E.  
City-State-Zip: ST PETERSBURG FL

Title D, VP  
Name BUCHERT, GERALD  
Address 735 37TH AVENUE NE  
City-State-Zip: SAINT PETERSBURG FL 33704

Title DS  
Name DAWSON, MARGUERITE  
Address 1 BEACH DRIVE SE  
City-State-Zip: SAINT PETERSBURG FL 33701

Title DIRECTOR  
Name HARVARD, WILLIAM B. JR.  
Address 2714 DR. ML KING JR. ST. N.  
City-State-Zip: ST. PETERSBURG FL 33704

Title DIRECTOR  
Name CHURUTI, SUSAN  
Address 300 BEACH DRIVE NE  
APT.#1901  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name POLSON, HERB  
Address 6140 7TH AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33701

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VIRGINIA W. ROWELL

**PRESIDENT**

**01/16/2019**

Electronic Signature of Signing Officer/Director Detail

Date