

**2022 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, PRESIDENT
Name	ROWELL, VIRGINIA W
Address	830 NORTH SHORE DRIVE NE, 71
City-State-Zip:	ST 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	POLSON, HERB
Address	6140 7TH AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33701

Title	DIRECTOR
Name	MCCOY, GAIL
Address	8231 118TH AVE
City-State-Zip:	LARGO FL 33773

Title	DIRECTOR
Name	NUDELMAN, SHAR
Address	406 BOUGH AVE
City-State-Zip:	CLEARWATER FL 33760

Title	DIRECTOR
Name	MACAULAY, RICK
Address	5768 CALAIS BLVD APT.2
City-State-Zip:	ST. PETERSBURG FL 33714

*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 ROWELL**PRESIDENT****04/14/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date