

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 112432

FILED  
Feb 15, 2010  
Secretary of State

Entity Name: FLORI DE LEON APARTMENTS, INC.

**Current Principal Place of Business:**

130 4TH AVENUE NORTH  
OFFICE  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

130 4TH AVE N.  
OFFICE  
SAINT PETERSBURG, FL 33701 US

**New Mailing Address:**

FEI Number: 59-0245330      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WCN  
5901 SUN BLVD.  
SUITE 203  
SAINT PETERSBURG, FL 33715 US

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

PBM  
970 LAKE CARILLON DR  
102  
SAINT PETERSBURG, FL 33716 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: WCN

02/15/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ARGUE, LYNN  
Address: 970 LAKE CARILLON DR  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VPD  
Name: KODA, JANE  
Address: 970 LAKE CARILLON DR  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VPD  
Name: LEBOWITZ, RUTH  
Address: 970 LAKE CARILLON DR  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: DT  
Name: INGLIS, ALEX  
Address: 970 LAKE CARILLON DR  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: DS  
Name: FARRELL, TIM  
Address: 970 LAKE CARILLON DR  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: D  
Name: PLEDGER, CAROLYN  
Address: 970 LAKE CARILLON DR  
City-St-Zip: ST PETERSBURG, FL 33716

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WCN

RA

02/15/2010

Electronic Signature of Signing Officer or Director

Date