

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 112432

FILED
Jan 04, 2011
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:

PBM
970 LAKE CARILLON DR
102
SAINT PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

Title: SD
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: BAILEY, PATRICIA
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

01/04/2011

Electronic Signature of Signing Officer or Director

Date