

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724753** (9)

1. Corporation Name
PETERBOROUGH APARTMENTS INC



Principal Place of Business: **440 4TH AVE. NO ST. PETERSBURG FL 33701 US**
Mailing Address: **1033 9TH ST. N STE 106 ST. PETERSBURG FL 33701**

3. Date Incorporated or Qualified: **11/02/1972**
3a. Date of Last Report: **03/06/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-1843130	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent

**JOHN C. DEW
SOUTHTRUST BANK BUILDING
150 2ND AVENUE, NORTH
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, WILLIAM K	1.2 NAME	
STREET ADDRESS	4563 CENTRAL AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWELL, VIRGINIA	2.2 NAME	
STREET ADDRESS	626 14TH. AVE. N.E.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	2.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHERT, GERALD J	3.2 NAME	
STREET ADDRESS	7075 BETHEL WAY S.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, RICHARD	4.2 NAME	
STREET ADDRESS	706 18TH AVENUE, N.E.	4.3 STREET ADDRESS	301 Red Cedar Ct. N.E.
CITY - ST - ZIP	ST PETERSBURG, FL 00000	4.4 CITY - ST - ZIP	St. Petersburg, Fl. 33703
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENOIT, ROSEMARY	5.2 NAME	
STREET ADDRESS	1984 MICHIGAN AVE., N.E.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **2/2/96** Daytime Phone #: **813-823-2587**

CR2E037 (12/95)