

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 724753	
1. Entity Name PETERBOROUGH APARTMENTS INC	

Principal Place of Business 440 4TH AVE. NO ST. PETERSBURG, FL 33701 US	Mailing Address 11300 4TH. ST. N. STE 200 SAINT PETERSBURG, FL 33716
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1843130	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
JOHN C. DEW SOUTHTRUST BANK BUILDING 150 2ND AVENUE, NORTH ST. PETERSBURG, FL 33701

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAGUE, PAM 5719 27TH AVENUE S. GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROWELL, VIRGINIA 626 14TH. AVE. N.E. ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, WILLIAM W 350 2ND STREET N. SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAWSON, MARGUERITE 1 BEACH DRIVE SE SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SINCLAIR, RON 4912 MILANO CT. NE SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/26/08-80073-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ron Sinclair Ron Sinclair 1/30/08 (727) 521-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #