## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#724753** 

FILED Jaņ 30, 2<u>00</u>9 Secretary of State

Entity Name: PETERBOROUGH APARTMENTS INC

**Current Principal Place of Business: New Principal Place of Business:** 440 4TH AVE.NO ST. PETERSBURG, FL 33701 LIS **Current Mailing Address: New Mailing Address:** 11300 4TH, ST, N, STE 200 SAINT PETERSBURG, FL 33716 FEI Number: 59-1843130 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHN C. DEW CHADWICK, JAMES M SOUTHTRUST BANK BUILDING 11300 4TH STREET N. 150 2ND AVENUE, NORTH SUITE 200 ST.PETERSBURG, FL 33701 US ST.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: JAMES M. CHADWICK 01/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEAGUE, PAM Name: Name: 5719 27TH AVENUE S. Address: Address: City-St-Zip: GULFPORT, FL 33707 City-St-Zip: Title: () Delete Title: () Change () Addition ROWELL, VIRGINIA, Name: Name: Address: 626 14TH, AVE, N.E. Address: City-St-Zip: ST PETERSBURG, FL City-St-Zip: Title: () Delete Title: () Change () Addition MORRISON, WILLIAM W Name: Name: Address: 350 2ND STREET N. Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: DAWSON, MARGUERITE Name: 1 BEACH DRIVE SE Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: Title: DV () Delete Title: () Change () Addition SINCLAIR, RON Name: Name: 4912 MILANO CT. NE Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VIRGINIA ROWELL Ρ 01/30/2009