

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90237 030 \*\*\*\*61.25

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1843130**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>RD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RENNETT, WILLIAM K.</b>	
STREET ADDRESS	<b>150 SECOND AVENUE NORTH, SUITE 1770</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33704</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>ROWELL, VIRGINIA</b>	
STREET ADDRESS	<b>626 14TH. AVE. N.E.</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>DSX</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BUCHERT, GERALD J.</b>	
STREET ADDRESS	<b>7076 BETHEL WAY S.</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NELSON, RICHARD</b>	
STREET ADDRESS	<b>301 RED CEDAR COURT NE</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BENOIT, ROSEMARY</b>	
STREET ADDRESS	<b>1984 MICHIGAN AVE. N.E.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Chambers, Joseph H.</b>	
STREET ADDRESS	<b>230 Bandera Way N.E.</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33704</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Morrison, William W.</b>	
STREET ADDRESS	<b>350 2nd Street N.</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dawson, Marguerite</b>	
STREET ADDRESS	<b>1 Beach Drive S.E.</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sinclair, Ron</b>	
STREET ADDRESS	<b>7912 Milano Ct. N.E.</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33703</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED** Virginia Rowell, Pres.

(727) 578-1174

CR2E037 (10/02)