

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90077 012 \*\*\*\*70.00

**DOCUMENT # N02000009757**  
 1. Entity Name  
**PALMETTO BREEZE APARTMENTS, INC.**



Principal Place of Business  
**445 31ST STREET NORTH**  
**ST. PETERSBURG, FL 33713**

Mailing Address  
**445 31ST STREET NORTH**  
**ST. PETERSBURG, FL 33713**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

**40013765**



01252007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**06-1670536**

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

**6. Name and Address of Current Registered Agent**

**MACMATH, GARY**  
**445 31ST STREET NORTH**  
**ST. PETERSBURG, FL 33713**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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**

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | PD                          | <input type="checkbox"/> Delete            |
| NAME           | MISIEWICZ, PAUL V           |  |
| STREET ADDRESS | 1601 CENTRAL AVENUE         |  |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33713    |  |
| TITLE          | VD                          | <input type="checkbox"/> Delete            |
| NAME           | BUSSEY, RUTLAND             |  |
| STREET ADDRESS | 445 31ST STREET N           |  |
| CITY-ST-ZIP    | SAINT PETERSBURG, FL 33713  |  |
| TITLE          | DST                         | <input type="checkbox"/> Delete            |
| NAME           | POYNTER, SALLY              |  |
| STREET ADDRESS | 100 BEACH DRIVE NE #1103    |  |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33701    |  |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | PITTS, BOB                  |  |
| STREET ADDRESS | 334 48TH AVENUE N. APT. 132 |  |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33703    |  |
| TITLE          | D                           | <input checked="" type="checkbox"/> Delete |
| NAME           | WILLIAMS, ALTON M           |  |
| STREET ADDRESS | 715 5TH AVENUE NORTH        |  |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33701    |  |
| TITLE          | CEO                         | <input checked="" type="checkbox"/> Delete |
| NAME           | MACMATH, GARY               |  |
| STREET ADDRESS | 445 31ST STREET NO          |  |
| CITY-ST-ZIP    | SAINT PETERSBURG, FL 33713  |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <i>Paul Misiewicz</i>           |  |
| STREET ADDRESS | <i>445 31st Street North</i>    |  |
| CITY-ST-ZIP    | <i>St. Petersburg, FL 33713</i> |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <i>Jeff Mary McCook</i>         |  |
| STREET ADDRESS | <i>445 31st Street North</i>    |  |
| CITY-ST-ZIP    | <i>St. Petersburg, FL 33713</i> |  |

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:** *Paul Misiewicz* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *2/12/07* **DATE** *824-189* **DAYTIME PHONE #**