

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90009 050 \*\*\*\*70.00

DOCUMENT # N93000004997

1. Entity Name

FOREST MEADOWS APARTMENTS, INC.



Principal Place of Business

445 31ST STREET NORTH  
SAINT PETERSBURG FL 33713

Mailing Address

445 31ST STREET NORTH  
SAINT PETERSBURG FL 33713

40000701



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3212721

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACMATH, GARY  
445 31ST STREET NORTH  
SAINT 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

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**  
**Due By May 1, 2005**

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	DP	<input type="checkbox"/> Delete
NAME	BOWMAN, WARREN	
STREET ADDRESS	280 8TH ST. EAST	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	D	<input type="checkbox"/> Delete
NAME	MISIEWICZ, PAUL	
STREET ADDRESS	1601 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCINTYRE, SCOTT	
STREET ADDRESS	6907-B 16TH ST. N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KOENIG, MARY	
STREET ADDRESS	445 31ST STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLENDENING, CONNIE	
STREET ADDRESS	445 31ST STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	POYNTER, SALLY	
STREET ADDRESS	445 31ST STREET NORTH	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, LeRoy	
STREET ADDRESS	445 31st St. N.	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bussey, Rutland	
STREET ADDRESS	445 31st St. N.	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05 (727) 821-4819  
Date Daytime Phone #