


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N14730 1. Entity Name PARK VILLAS APARTMENTS, INC.	
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Principal Place of Business 405 MENENDEZ #4 % JAMES A DUBRE VENICE, FL 34285	Mailing Address 405 MENENDEZ #4 % JAMES A DUBRE VENICE, FL 34285
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04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUBRE, JAMES A
405 MENENDEZ #4
VENICE, FL 34285

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2005	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	DV HITCHINS, LARRY 404 MAPLE LANE SEWICKLEY, PA 15143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRINZEL, MARGARET E. 405 MENENDEZ STREET, #3 VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUBRE, JAMES A. 405 MENENDEZ STREET, #4 VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINZEL, LAWRENCE J 405 MENENDEZ #3 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000310505
04/18/05-80006-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James A. Dubre **James A. Dubre, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
04/14/05 941-485-4260
Date Daytime Phone #