

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N14730</b> 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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**DO NOT WRITE IN THIS SPACE**



02202006 No Chg-NP	CR2E037 (11/05)
4. FEI Number NOT APPLICABLE	Applied For Not Applicat'
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re/instating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1100000445721  
03/07/06-80061-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE	DV
NAME	HITCHINS, LARRY
STREET ADDRESS	404 MAPLE LANE
CITY-ST-ZIP	SEWICKLEY, PA 15143
TITLE	STD
NAME	PRINZEL, MARGARET E.
STREET ADDRESS	405 MENENDEZ STREET, #3
CITY-ST-ZIP	VENICE, FL
TITLE	DP
NAME	DUBRE, JAMES A.
STREET ADDRESS	405 MENENDEZ STREET, #4
CITY-ST-ZIP	VENICE, FL
TITLE	D
NAME	PRINZEL, LAWRENCE J
STREET ADDRESS	405 MENENDEZ #3
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** Margaret E. Prinzl 2/24/06 (941) 405-9918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #