

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**DOCUMENT # N14730**

1. Entity Name  
**PARK VILLAS APARTMENTS, INC.**



Principal Place of Business

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

Mailing Address

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



02202006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$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 re-issuing)

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

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Margaret E. Prinz*

2/24/06

(941) 405-9918

Date

Daytime Phone #