

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90279 037 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUBRE, JAMES A 405 MENENDEZ #4 VENICE, FL 34285				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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HITCHINS, LARRY		NAME		
STREET ADDRESS	404 MAPLE LANE		STREET ADDRESS		
CITY-ST-ZIP	SEWICKLEY, PA 15143		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRINZEL, MARGARET E.		NAME	SD	
STREET ADDRESS	405 MENENDEZ STREET, #3		STREET ADDRESS	PRINZEL, MARGARET E	
CITY-ST-ZIP	VENICE, FL		CITY-ST-ZIP	405 MENENDEZ STREET, #3	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUBRE, JAMES A.		NAME		
STREET ADDRESS	405 MENENDEZ STREET, #4		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRINZEL, LAWRENCE J		NAME		
STREET ADDRESS	405 MENENDEZ #3		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	T	
STREET ADDRESS			STREET ADDRESS	DUBRE, CATHY R.	
CITY-ST-ZIP			CITY-ST-ZIP	405 MENENDEZ STREET, #4	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	VENICE, FL 34285	
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>James A. Dubre</i>			JAMES A. DUBRE, PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date APRIL , 2007		