

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14730

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: PARK VILLAS APARTMENTS, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

405 MENENDEZ, APT 4  
% CATHY R DUBRE  
VENICE, FL 34285

## Current Mailing Address:

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

## New Mailing Address:

405 MENENDEZ, APT 4  
% CATHY R DUBRE  
VENICE, FL 34285

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

DUBRE, CATHY R  
405 MENENDEZ APT 4  
VENICE, FL 34285 US

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.

SIGNATURE: CATHY R DUBRE

04/22/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: HITCHINS, LARRY  
Address: 404 MAPLE LANE  
City-St-Zip: SEWICKLEY, PA 15143

Title: SD ( ) Delete  
Name: PRINZEL, MARGARET E.,  
Address: 405 MENENDEZ STREET, #3  
City-St-Zip: VENICE, FL 34285

Title: DP ( ) Delete  
Name: DUBRE, JAMES A.,  
Address: 405 MENENDEZ STREET, #4  
City-St-Zip: VENICE, FL

Title: D (X) Delete  
Name: PRINZEL, LAWRENCE J  
Address: 405 MENENDEZ #3  
City-St-Zip: VENICE, FL 34285

Title: T (X) Delete  
Name: DUBRE, CATHY R  
Address: 405 MENENDEZ ST #4  
City-St-Zip: VENICE, FL 34285

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change ( ) Addition  
Name: HITCHINS, LARRY  
Address: 404 MAPLE LANE  
City-St-Zip: SEWICKLEY, PA 15143

Title: ST (X) Change ( ) Addition  
Name: DUBRE, CATHY R  
Address: 405 MENENDEZ STREET, APT 4  
City-St-Zip: VENICE, FL 34285

Title: D (X) Change ( ) Addition  
Name: SCHAFER, HAROLD  
Address: 405 MENENDEZ STREET, APT 2  
City-St-Zip: VENICE, FL 34285

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY R DUBRE

ST

04/22/2008

Electronic Signature of Signing Officer or Director

Date