2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# N14730

Entity Name: PARK VILLAS APARTMENTS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Delete
Name: SCHAFFER, HAROLD
Address: 405 MENENDEZ STREET, APT 2
City-St-Zip: VENICE, FL 34285

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D ( ) Change (X) Addition
Name: KITTRIDGE, KELLY
Address: 7007 JAMES AVENUE NORTH
City-St-Zip: BROOKLYN CENTER, MN 55430 US

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 STD 05/02/2009
Electronic Signature of Signing Officer or Director — Date