

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14730

FILED
Mar 27, 2011
Secretary of State

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 ()**

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: PD
Name: HITCHINS, LARRY
Address: 404 MAPLE LANE
City-St-Zip: SEWICKLEY, PA 15143 US

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

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

Title: D
Name: HITCHINS, JANE
Address: 404 MAPLE LANE
City-St-Zip: SEWICKLEY, PA 15143 US

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

I hereby 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 all other like empowered.

SIGNATURE: CATHY R DUBRE

S/T

03/27/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date