

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14730

**FILED**  
**Jan 20, 2012**  
**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:** 61-1657156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**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:**

DUBRE, CATHY R  
405 MENENDEZ ST  
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:

01/20/2012

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

STD

01/20/2012

Electronic Signature of Signing Officer or Director

Date