


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000078942
 1. Entity Name
 PARK ISLE APARTMENTS, INC.



Principal Place of Business
 2501 PARK AVE.
 SINGER ISLAND, FL 33404 US

Mailing Address
 206 CLAREMONT LN
 PALM BEACH SHORES, FL 33404

DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0531213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STOGIANNIS, TINA C.
 206 CLAREMONT LN
 PALM SHORES, FL 33404

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

04/12/04 08:00 AM
 04-12-04-00018-018 130.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOGIANNIS, ASTERIOS S 206 CLARMONT LN PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOGIANNIS, TINA C 206 CLAREMONT LN PALM BEACH SHORES, FL 33404
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Tina Stogiannis TINA 4-8-04 561-848-8769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #