


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000013840		
1. Entity Name PICERNE VISTA POINT APARTMENTS ASSOCIATES, INC.		
Principal Place of Business 247 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714	Mailing Address 247 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COSTOLO, W. TERRY 301 E. PINE ST. ORLANDO, FL 32801		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000143304 04/30/04-80084-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PICERNE, ROBERT M 247 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, DWAYNE 247 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ERICH, JACK W 247 N. WESTMONTE DR ALTAMONTE SPRINGS, FL 32714	
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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)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/04 Date Daytime Phone #