

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90566 044 ***150.00

DOCUMENT # P98000013840

1. Entity Name
**PICERNE VISTA POINT APARTMENTS ASSOCIATES,
INC.**



40075657

Principal Place of Business
**247 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**247 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714**



02152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number
59-3492282

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COSTOLO, W. TERRY
301 E. PINE ST.
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name
RICHARD J. FILDES

Street Address (P.O. Box Number is Not Acceptable)
215 N. EOLA DRIVE

City
ORLANDO

FL Zip Code
32801

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 *[Signature]* **RICHARD J. FILDES**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PTD
PICERNE, ROBERT M
247 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
WALKER, DWAYNE
247 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VPS
ERICH, JACK W
247 N. WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DPS
PICERNE, ROBERT M.
247 N WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**T
HEFLINGER, JAN C.
247 N WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714**

☐ Change ☒ Addition

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *[Signature]* **Jan C HeFlinger**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/05** Daytime Phone #

ROBERT M. PICERNE, PRESIDENT