


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90021 043 ***550.00

DOCUMENT # P98000034401	
1. Entity Name PARK VISTA APARTMENTS, INC.	

Principal Place of Business 4647 STONERIDGE TRAIL SARASOTA FL 34232	Mailing Address 4647 STONERIDGE TRAIL SARASOTA FL 34232
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2. Principal Place of Business 7511 S. TAMiami TRAIL	3. Mailing Address 7511 S. TAMiami TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State SARASOTA FLORIDA	City & State SARASOTA FLORIDA
Zip 34231	Zip 34231
Country USA	Country USA

4. FEI Number 65-0831373	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COMPARETTO, MARIO 4647 STONERIDGE TRAIL SARASOTA FL 34232	
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7. Name and Address of New Registered Agent	
Name FRANK CASSATA	
Street Address (P.O. Box Number is Not Acceptable) 7511 S. TAMiami TRAIL	
City SARASOTA	FL Zip Code 34231

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 	FRANK CASSATA 7/18/05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARETTO, MARIO 4647 STONERIDGE TRAIL SARASOTA FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSATA, FRANK 20 WEST MAIN ST. BABYLON NY 11702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	FRANK CASSATA 7/18/05 941 923-0792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	