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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90099 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734625

1. Corporation Name
HOVIANNA VIII APTS., INC.

Principal Place of Business 1746 3RD AVE NORTH APT 2 LAKE WORTH FL 33460 US	Mailing Address 1746 3RD AVE NORTH APT 2 LAKE WORTH FL 33460 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/17/1975
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1658274
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent RODGERS, LINDA 1746 3RD AVE NORTH APT 2 LAKE WORTH FL 33460		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MATTSON, DONALD	1.2 NAME	LAMSSZUS, EDWARD
STREET ADDRESS	1746 3RD AVE N. #4	1.3 STREET ADDRESS	1746 3rd Avenue N #3
CITY-ST-ZIP	LAKE WORTH F 33460	1.4 CITY-ST-ZIP	Lake Worth, FL 33460
TITLE	VPD	2.1 TITLE	VPB
NAME	READ, JIM	2.2 NAME	CHRISTOPHER KROHA
STREET ADDRESS	1746 3RD AVE N. #9	2.3 STREET ADDRESS	1746 3rd Ave N #6
CITY-ST-ZIP	LAKE WORTH FL 33460	2.4 CITY-ST-ZIP	Lake Worth, FL 33460
TITLE	S	3.1 TITLE	S
NAME	LAMSSZUS, EDWARD	3.2 NAME	Read, Jim
STREET ADDRESS	1746 3RD AVE. N #3	3.3 STREET ADDRESS	1746 3rd Ave N. #9
CITY-ST-ZIP	LAKE WORTH FL 33460	3.4 CITY-ST-ZIP	Lake Worth, FL 33460
TITLE	T	4.1 TITLE	
NAME	RODERS, LINDA	4.2 NAME	
STREET ADDRESS	1746 3RD AVE N. #2	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Rodgers* SIGNATURE REQUIRED: *Linda Rodgers* 4-19-99 561-547-5740
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)