

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90043 035 \*\*\*\*61.25

**DOCUMENT # 734625**

1. Entity Name

**HOVIANNA VIII APTS., INC.**

Principal Place of Business

Mailing Address

1746 3RD AVE NORTH  
 APT 2  
 LAKE WORTH FL 33460  
 US

1746 3RD AVE NORTH  
 APT 2  
 LAKE WORTH FL 33460-3248  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1658274**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODGERS, LINDA**  
 1746 3RD AVE NORTH  
 APT 2  
 LAKE WORTH FL 33460

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MATTSON, DONALD	<i>Deceased</i>
STREET ADDRESS	1746 3RD AVE N. #4	
CITY-ST-ZIP	LAKE WORTH F 33460	
TITLE	SD	<input type="checkbox"/> Delete
NAME	READ, JIM	
STREET ADDRESS	1746 3RD AVE N. #9	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LAMSSZUS, EDWARD	
STREET ADDRESS	1746 3RD AVE. N #3	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODGERS, LINDA	
STREET ADDRESS	1746 3RD AVE N. #2	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VPB	<input type="checkbox"/> Delete
NAME	KROHA, CHRISTOPHER	
STREET ADDRESS	1746 3RD AVE N #6	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher Kroha	
STREET ADDRESS	1746 3rd Ave N #6	
CITY-ST-ZIP	Lake Worth, FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Piira	
STREET ADDRESS	1746 3rd Ave N #10	
CITY-ST-ZIP	Lake Worth, FL 33460	

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 617, 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:

*Linda J. Rodgers*  
**Linda J. Rodgers**  
 TREASURER

4-18-2000

561-547-5740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)