


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90194 024 \*\*\*\*61.25

|   |   |   |  |  |   |
|---|---|---|--|--|---|
| <b>DOCUMENT # 734625</b><br>1. Entity Name<br>HOVIANNA VIII APTS., INC.   |   |   |  |   |   |
| Principal Place of Business<br>1746 3RD AVE NORTH<br>LAKE WORTH, FL 33460 US  |   |   | Mailing Address<br>P.O. BOX 290<br>LAKE WORTH, FL 33460 US   |  |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.                    |  |   |
| City & State  |   |   | City & State   |  |   |
| Zip   |   | Country   |  | Zip  |   |
| Country   |   | Country   |  | 4. FEI Number<br>59-1658274  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |  | Applied For<br>Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br>PIIRA, PETER<br>986 COSMOS CT.<br>WELLINGTON, FL 33414   |   |   |  | 7. Name and Address of New Registered Agent<br>Name <u>PETER PIIRA</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>1732 FARMINGTON CIR</u><br>City <u>WELLINGTON</u> FL <u>33414</u> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>   |   |   |  |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |   |
| Make check payable to<br>Florida Department of State  |   |   |  |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>PIIRA, PETER<br>986 COSMOS CT.<br>WELLINGTON, FL 33414              | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSD<br>PIIRA, PETER<br>1732 FARMINGTON CIR<br>WELLINGTON FL 33414 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VTD<br>BUSSEY, MARVIN<br>323 MANGO PROMENADE<br>WEST PALM BEACH, FL 33401 | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LAMSZUS, ED<br>1746 3RD AVENUE N. #3<br>LAKE WORTH, FL 33460         | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |   |   |  |  |   |
| <b>SIGNATURE:</b> <u>Peter Piira, Pres.</u><br>PETER PIIRA  |   |   | 4-27-05  |  | 561-588-2900  |