

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734625

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: HOVIANNA VIII APTS., INC.

## Current Principal Place of Business:

1746 3RD AVE NORTH  
LAKE WORTH, FL 33460 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 290  
LAKE WORTH, FL 33460 US

## New Mailing Address:

FEI Number: 59-1658274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIIRA, PETER  
1732 FARMINGTON CIR  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PIIRA, PETER  
Address: 1732 FARMINGTON CIR  
City-St-Zip: WEST PALM BEACH, FL 33414

Title: SD ( ) Delete  
Name: TRUNO, TAI G  
Address: 511 LAKE AVE  
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete  
Name: LAMSZUS, ED  
Address: 1746 3RD AVENUE N. #3  
City-St-Zip: LAKE WORTH, FL 33460

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PIIRA, PETER  
Address: 1732 FARMINGTON CIR  
City-St-Zip: WEST PALM BEACH, FL 33414 US

Title: D (X) Change ( ) Addition  
Name: WASIF, ZUNARIA  
Address: 1746 3RD AVE NORTH #2  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: D (X) Change ( ) Addition  
Name: REINHARTSEN, BRIAN  
Address: 1104 11TH LANE  
City-St-Zip: LAKE WORTH, FL 33460 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER PIIRA

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date