2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# 736773

Entity Name: HOVIANNA IX APTS., INC.

Current Principal Place of Business:

1733 3RD AVE NORTH
APT 13
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

1733 3RD AVE NORTH
APT 13
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 59-2500022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARVATICH, STANLEY
1733 3RD AVE NORTH
APT 13
LAKE WORTH, FL 33460 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:	PTD	( ) Delete
Name:	HARVATICH, STANLEY	
Address:	1733 THIRD AVENUE NORTH #18	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	D	( ) Delete
Name:	BOSWORTH, DORIS MRS.	
Address:	4270 TAYLOR AVE.	
City-St-Zip:	OGDEN, UT 84430	
Title:	SD	( ) Delete
Name:	WYATT, NORMA	
Address:	2528 BOUNDBROOK BLVD APT 12-207	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	D	( ) Delete
Name:	IDRISSI, AHMED	
Address:	8593 DOVERBROOK DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33415	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: STANLEY HARVATICH PTD 03/06/2006

Electronic Signature of Signing Officer or Director — Date