

ANNUAL REPORT (AR)

DOCUMENT # 742625

1. Entity Name

EEVA APARTMENTS, INC.



FILED
Jan 29, 2007 08:00 AM
Secretary of State



Principal Place of Business

Mailing Address

1025 SOUTH "L" STREET
LAKE WORTH FL 334601025 SOUTH "L" STREET #3
LAKE WORTH FL 33460

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2362883

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARKONEN, ERIC
1025 SO L STREET #3
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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2007

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME HARKONEN, ERIC
 STREET ADDRESS 1025 SO L STREET #3
 CITY-STATE-ZIP LAKE WORTH FL

☐ Change ☐ Addition
 U000000607473
 01/31/07-00038-018 61.25

TITLE ST ☐ Delete
 NAME HARKONEN, VICKI
 STREET ADDRESS 1025 SO L STREET #3
 CITY-STATE-ZIP LAKE WORTH FL

☐ Change ☐ Addition

TITLE D ☐ Delete
 NAME HARKONEN, LARRY
 STREET ADDRESS 1025 S "L" ST #1
 CITY-STATE-ZIP LAKE WORTH FL

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janu-26-07 561-585-6450

Date

Daytime Phone #