


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 755085 (8)

1. Corporation Name
HVIANNA XII APTS., INC.

Principal Place of Business 400 S. DIXIE HWY SUITE 10 %ASSOCIATED PROPERTY MANAGEMENT LAKE WORTH FL 33460	Mailing Address 400 S. DIXIE HWY SUITE 10 %ASSOCIATED PROPERTY MANAGEMENT LAKE WORTH FL 33460
---	---

3. Date Incorporated or Qualified
11/12/1980

4. FEI Number 59-2145885	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
------------------------------------	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT
 400 S. DIXIE HWY, SUITE 10
 LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DST	<input type="checkbox"/> DELETE	1.1 TITLE PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOWLAND, GEORGE		1.2 NAME Howland George	
STREET ADDRESS 410 19TH AVE. NORTH		1.3 STREET ADDRESS 212 North K Street, #4	
CITY-ST-ZIP LAKE WORTH FL		1.4 CITY-ST-ZIP Lake worth, FL	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TARVAINEN, HELENA		2.2 NAME Cumi, Quamil	
STREET ADDRESS 212 NORTH K STREET, #10		2.3 STREET ADDRESS 212 North K Street, #6	
CITY-ST-ZIP LAKE WORTH FL		2.4 CITY-ST-ZIP Lake worth, FL	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HINSA, DAVID		3.2 NAME Cooper, Kent	
STREET ADDRESS 212 NORTH K STREET #9		3.3 STREET ADDRESS 212 North K Street, #2	
CITY-ST-ZIP LAKE WORTH FL		3.4 CITY-ST-ZIP Lake worth, FL	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George D. Howland* Feb. 24, 1998

CPRE037 (10/97)