

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90041 049 \*\*\*\*61.25

**DOCUMENT # 755085**

1. Entity Name  
**HOVIANNA XII APTS., INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>400 S. DIXIE HWY SUITE 10<br/>         %ASSOCIATED PROPERTY MANAGEMENT<br/>         LAKE WORTH FL 33460</b> | Mailing Address<br><b>400 S. DIXIE HWY SUITE 10<br/>         %ASSOCIATED PROPERTY MANAGEMENT<br/>         LAKE WORTH FL 33460</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|   |   |  |
|---|---|--|
| 4. FEI Number<br><b>59-2145885</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |   |  |

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | PTD                 | <input type="checkbox"/> Delete |
| NAME           | HOWLAND, GEORGE     |                                 |
| STREET ADDRESS | 212 NORTH K ST, #4  |                                 |
| CITY-ST-ZIP    | LAKE WORTH FL       |                                 |
| TITLE          | VD                  | <input type="checkbox"/> Delete |
| NAME           | KONEIG, DAN         |                                 |
| STREET ADDRESS | 212 NORTH K ST #9   |                                 |
| CITY-ST-ZIP    | LAKE WORTH FL 33460 |                                 |
| TITLE          | DS                  | <input type="checkbox"/> Delete |
| NAME           | HOWLAND, DOROTHEA   |                                 |
| STREET ADDRESS | 212 NORTH K ST #4   |                                 |
| CITY-ST-ZIP    | LAKE WORTH FL 33460 |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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.

SIGNATURE: *George Howland*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/13/02*  
 Date Daytime Phone #

CR2E037 (9/01)