

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 26, 2009
Secretary of State**

DOCUMENT# 755085

Entity Name: HOVIANNA XII APTS., INC.

Current Principal Place of Business:

ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 59-2145885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461 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: HOWLAND, GEORGE
Address: 212 NORTH K ST, #4
City-St-Zip: LAKE WORTH, FL

Title: SD () Delete
Name: HOWLAND, DOROTHEA
Address: 212 NORTH
City-St-Zip: LAKE WORTH, FL 33460

Title: VD () Delete
Name: COOPER, KENT
Address: 212 N K ST 2
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: HOWLAND, GEORGE PT
Address: 212 NORTH K ST, #1
City-St-Zip: LAKE WORTH, FL 33460

Title: S (X) Change () Addition
Name: HOWLAND, DOROTHEA S
Address: 212 NORTH K ST. #1
City-St-Zip: LAKE WORTH, FL 33460

Title: V (X) Change () Addition
Name: COOPER, KENT V
Address: 212 NORTH K ST #4
City-St-Zip: LAKE WORTH, FL 33460

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: JOHN MATH, APM

AGT

03/26/2009

Electronic Signature of Signing Officer or Director

Date