

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755085

1. Entity Name

HOVIANNA XII APTS., INC.



**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90121 001 \*\*\*\*61.25

0040363

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

11011300



2. Principal Place of Business

*ASSOCIATED PROPERTY MGMT*  
Suite, Apt. #, etc.  
*1928 LAKE WORTH RD*

3. Mailing Address

*ASSOCIATED PROPERTY MGMT*  
Suite, Apt. #, etc.  
*1928 LAKE WORTH RD.*

☐ CHECK HERE IF MAKING CHANGES

City & State

*LAKE WORTH, FL*

City & State

*LAKE WORTH, FL*

4. FEI Number **59-2145885**

Applied For

Not Applicable

Zip *33461*

Country *USA*

Zip *33461*

Country *USA*

5. Certificate of Status Desired ☐

**\$8.75** 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 *ASSOCIATED PROPERTY MANAGEMENT*  
Street Address (P.O. Box Number is Not Acceptable)  
*1928 LAKE WORTH RD.*  
City *LAKE WORTH* State *FL* Zip Code *33461*

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

*Signature of George Howland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)