

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

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

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

0040363

DOCUMENT # 755085

1. Entity Name
HOVIANNA 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**

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

4. FEI Number **59-2145885** Applied For Not Applicable

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

City & State
LAKE WORTH, FL **LAKE WORTH, FL**

Zip Country
33461 USA **33461 USA**

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 State Zip Code
LAKE WORTH FL 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]* Agent DATE **4/4/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)