

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 761036

FILED
May 08, 2007
Secretary of State

Entity Name: HOVIANNA V APTS. INC.

Current Principal Place of Business:

330 NORTH J STREET
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

330 NORTH J STREET
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 59-2725435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, JAMES E
6289 LEAR DR #401
LANTANA, FL 33462 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: JAMES E. WATSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATSON, JAMES E
Address: 328 N. J ST.
City-St-Zip: LAKE WORTH, FL 33460

Title: VPD () Delete
Name: WATSON, RUSSELL
Address: 330 NORTH J STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: STD () Delete
Name: GILLESPIE, CATHERINE
Address: 330 NORTH J STREET
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES E. WATSON

PRES

05/08/2007

Electronic Signature of Signing Officer or Director

Date