

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90044 047 ****70.00

DOCUMENT # N01000002192

1. Entity Name

AHEPA 489 APARTMENTS, INC.



Principal Place of Business

6625 ROWAN RD
NEW PORT RICHEY FL 34653

Mailing Address

6625 ROWAN RD
NEW PORT RICHEY FL 34653

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

63-1262819

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANASTASIOU, THOMAS
9047 CALLAWAY DR.
NEW PORT RICHEY FL 34652

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas Anastassiou

Thomas Anastassiou

01/23/2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	DP	<input type="checkbox"/> Delete
NAME	ANASTASSIOU, THOMAS	
STREET ADDRESS	9047 CALLAWAY DR.	
CITY ST ZIP	NEW PORT RICHEY FL 34652	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LEKAS, PETER	
STREET ADDRESS	5818 FALL RIVER DR.	
CITY ST ZIP	NEW PORT RICHEY FL 34655	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PASAYAN, ANDREW	
STREET ADDRESS	4439 RESORT LOOP	
CITY ST ZIP	HOLIDAY FL 34691	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KAZANAS, WILLIAM	
STREET ADDRESS	9251 GREEN PINES TERR	
CITY ST ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	PANAGOS, GEORGE	
STREET ADDRESS	849 BELTED KING FISHER DR. SOUTH	
CITY ST ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEFANOPOLLOS, DIMITRIOS	
STREET ADDRESS	10221 PEOPLES LOOP	
CITY ST ZIP	PORT RICHEY FL 34668	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Floros, James	
STREET ADDRESS	13749 Lanier Ct	
CITY ST ZIP	Hudson, FL 34667	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Panagos, George	
STREET ADDRESS	849 Beltede King Fisher Dr. S	
CITY ST ZIP	Palm Harbor, FL 34683	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Croussouloudis, Gregory	
STREET ADDRESS	1190 Wexford Drive	
CITY ST ZIP	Palm Harbor, FL 34683	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Thomas Anastassiou

THOMAS ANASTASSIOU

01/23/2007

727.375-7318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Daytime Phone #)