

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002192

FILED
Jan 16, 2009
Secretary of State

Entity Name: AHEPA 489 APARTMENTS, INC.

Current Principal Place of Business:

6625 ROWAN RD
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

6625 ROWAN RD
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 63-1262819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANASTASIOU, THOMAS
9047 CALLAWAY DR.
NEW PORT RICHEY, FL 34652 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: DP () Delete
Name: ANASTASSIOU, THOMAS
Address: 9047 CALLAWAY DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DVP () Delete
Name: LEKAS, PETER
Address: 5818 FALL RIVER DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DS () Delete
Name: PASAYAN, ANDREW
Address: 4439 RESORT LOOP
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: FLOROS, JAMES
Address: 13749 LANIET CT
City-St-Zip: HUDSON, FL 34667

Title: TD () Delete
Name: PANAGOS, GEORGE
Address: 849 BELTED KING FISHER DR. SOUTH
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: STEFANOPOLLOS, DIMITRIOS
Address: 10221 PEOPLES LOOP
City-St-Zip: PORT RICHEY, FL 34668

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:

Title: () Change () Addition
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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: THOMAS ANASTASIOU

DP

01/16/2009

Electronic Signature of Signing Officer or Director

Date