2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# N30898

Entity Name: 1508 SOUTH HOWARD PROPERTY OWNERS, INC.

Current Principal Place of Business:

C/O ANDOVER PROPERTIES INC
5008 W LINEBAUGH AVE #15
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

C.O ANDOVER PROPERITES INC
5008 W LINDBAUGH AVE, #15
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 59-2957506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDOVER PROPERTIES INC
5008 W LINEBAUGH AVE
SUITE 15
TAMPA, FL 33624 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: PD ( ) Delete
Name: SHIVERDECKER, BOB
Address: 1508 S HOWARD AVE UNIT G
City-St-Zip: TAMPA, FL 33606

Title: VP ( ) Delete
Name: KANIGSBERG, MARTIN
Address: 1508 S HOWARD AVE UNIT A
City-St-Zip: TAMPA, FL 33606

Title: DS ( ) Delete
Name: BARNES, DENISE
Address: 1508 S. HOWARD AVE UNIT E
City-St-Zip: TAMPA, FL 33606

Title: TD ( ) Delete
Name: PALMER, ADAM
Address: 1508 S. HOWARD AVE #D
City-St-Zip: TAMPA, FL 33606

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIM E. PRICE RA 01/17/2005
Electronic Signature of Signing Officer or Director — Date