

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **655046** (1)
1. Corporation Name
HOVNANIAN OF PALM BEACH, INC.



Principal Place of Business

1800 S. AUSTRALIAN AVENUE
SUITE 400
WESTPALM BEACH FL 33409

Mailing Address

1800 S. AUSTRALIAN AVENUE
SUITE 400
WESTPALM BEACH FL 33409

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/06/1980

3a. Date of Last Report

05/01/1995

4. FET Number

59-1973196

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRANNOCK, G. STEVEN ESQ.
1800 S. AUSTRALIAN AVENUE
SUITE 400
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	REINHART, PETER S	
STREET ADDRESS	2 BAYHILL RD.	
CITY-ST-ZIP	LEONARDO NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOVNANIAN, KEVORK S	
STREET ADDRESS	29 WARD AVE	
CITY-ST-ZIP	RUMSON, NJ 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ASFAHL, PAUL W	
STREET ADDRESS	1800 W AUSTRALIAN AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOVANAIA, ARA	
STREET ADDRESS	61 WHIPPORWILL VALLEY RD	
CITY-ST-ZIP	ATLANTIC HGLNDS NJ	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MASON, TIMOTHY P	
STREET ADDRESS	22 DEVON DR	
CITY-ST-ZIP	PISCATAWAY, NJ 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASON, TIMOTHY P.	
STREET ADDRESS	22 DEVON DR	
CITY-ST-ZIP	PISCATAWAY NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	G. Steven Brannock	
1.3 STREET ADDRESS	1800 S. Australian Avenue, Suite 400	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Steven Brannock 3/12/96 407-478-0060

Date Daytime Phone #

CR2E034 (12/95)