MARE HOVNANIAN, HIRAIR NAME REET ADDRESS 4000 RT 68 STREET ADDRESS TINTON FALLS NJ CITY-ST-ZIP TLE VT Delete VOGEL, JOHN R NAME 4000 ROUTE 66 STREET ADDRESS TY-ST-ZIP TINTON FALLS NJ INTON FALLS NJ Delete VI Delete VOGEL, JOHN R STREET ADDRESS 4000 ROUTE 66 STREET ADDRESS TY-ST-ZIP TINTON FALLS NJ TINTON FALLS NJ Delete TINTON FALLS NJ CITY-ST-ZIP TINTON FALLS NJ CITY-ST-ZIP TINTON FALLS NJ Delete TINE Change Additio ME REET ADDRESS 4000 ROUTE 66 TY-ST-ZIP ILE V HOVNANIAN, EDELE 4000 ROUTE 66 TINTON FALLS NJ CITY-ST-ZIP ILE INTON FALLS NJ CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP NAME	Entity Nar OVSON	JMENT # 8519 ^{me} ns, inc.	63			Apr 28, 2 Secretar 04-28-2003 90	ry of Sta 1494 022 ***158	
	HOVCHILD	PLAZA. 4000 ROUTE 66	1 HOVCHILD PLAZ		66			
City & State City	Principal I	Place of Business	3. Mailing Address	,.				
Zip Country Zip Country S. Certificate of Status Desired S. 75.4 Add/osci CikLin, ALAN Name Address of New Registered Agent 7.1 Name and Address of New Registered Agent CikLin, ALAN NoRTHBRIDGE CENTER STE 1900 Streat Address of New Registered Agent Streat Address of New Registered Agent CikLin, ALAN NORTHBRIDGE CENTER STE 1900 Streat Address of New Registered Agent Streat Address of New Registered Agent The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. Other Mark 1, 2005 GNATURE	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				AKING CHANGES	
Zip Country Zip Country S. Certificate of Status Desired S. S. 75 Additional Fee Required S. Name and Address of Durrent Régistered Agent 7.º Name and Address of Naw, Registered Agent 7.º Name and Address of Naw, Registered Agent CKUIN, ALAN NORTHBRIDGE CENTER STE 1900 Streat Address (PO, Box Number is Not Acceptanie) Streat Address (PO, Box Number is Not Acceptanie) Streat Address (PO, Box Number is Not Acceptanie) The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Tam familiar with, and acceptanie) City The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Tam familiar with, and accept the obligations of registered agent. City Streat Address of Divide Department of State (NOTE Regated Agent spotter registered agent, or both, in the State of Florids. Tam familiar with, and accept the obligations of registered agent. DATE Streat Advertes PD (NOTE Regated Agent spotter registered agent, or both, in the State of Florids. Tam familiar with, and accept the obligations of registered agent. DATE Streat Advertes PD (NOTE Regated Agent spotter registered agent, or both, in the State of Florids. Tam familiar with, and accept the obligations of registered agent. City of tam familiar with, and accept the obligations of tam familiar with, and accept the obligations of tam familiar with, and acc	City & Sta	ate	City & State	· · · · · · · · · · · · · · · · · · ·		4. FEI Number 22-1736966		
	Zip	Country	Zip	Coun	try		\$8.75 Add	litional
CikUIN, ALAN NORTHBARIDGE CENTER STE 1900 S515 N FLAGLER DR WEST PAUM BEACH FL 33401 City FL 2/p.Code City FL Zip.Code FLE NORMAN Under private named negletered agent, or both, in the State of Horida. Lam familiar with, and accept he obligations of registered agent. DATE Fagetares, Dred or private name of ingletered agent and totar agencable NMATURE FILE NORMIN FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After Address City-S1-RP C V VOGEL, JOHN R SIRET ADDRESS City-S1-RP C V VOGEL, JOHN R SIRET ADDRESS City-S1-RP C V V VOGEL, JOHN R SIRET ADDRESS City-S1-RP C Charge Ch		6. Name and Address of Curro	ent Registered Agent			7Name and Address of New Regis		a
NORTHBRIDGE CENTER STE 1900 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. Lam familiar with, and accept the obligations of registered agent. Dott FL Zip Code SNATURE Sector Degratered agent. INTE Registered Agent synature recursting) Dott Street Address (P.O. Box Number is Not Acceptable) Dott SNATURE Sector Degratered agent. INTE Registered Agent synature recursting) Dott Street Address (P.O. Box Number is Not Acceptable) Dott SNATURE Sector Degratered agent. INTE Registered Agent synature recursting) Dott Street Address (P.O. Box Number is Not Acceptable) Dott SNATURE Sector Degratered agent. INTE Registered Agent synature recursting) Dott Street Address (P.O. Box Number is Not Acceptable) Dott SNATURE OFFICERS AND DIRECTORS 11. Address Tor Contribution. Stoet Address Tor Contribution. Address Tor Contribution. Address Tor Contribution. Charge (P.A. Address Tor Contribution. VT OGEN Contribution. OFFICERS AND DIRECTORS 11. Address Tor	CIKLIN, A	ALAN				•		
PNEST PALM BEACH FL 33401 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. State of Florida. I am familiar with, and accept the obligations of registered agent. SINATURE Signature, typed or private name of registered agent. (NOTE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Sinature, typed or private name of registered agent. (NOTE Registered Agent signature registered agent. DATE Sinature, typed or private name of registered agent. (NOTE Registered Agent signature registered agent. DATE Sinature, typed or private name of registered agent. (NOTE Registered Agent signature registered agent. DATE Sinature, typed or private name of registered agent. (NOTE Registered Agent signature registered agent. DATE Sinature, typed or private name of registered agent. (NOTE Registered Agent signature registered agent. DATE Sinature, typed or private name of registered agent. (NOTE Registered Agent signature registered agent. Sinature type agent signature registered agent. Sinature type agent signature registered agent. Sinature typed or private name of registered agent. (NOTE Registered Agent signature registered age	ORTHB	RIDGE CENTER STE 1900			Street Address (P.O. Box Number is Not Acceptable)		
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. SNATURE Signature, typed or pitted name of registered agent and tole # applicable. (NOTE: Registered Agent signature required when reinstaing) After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee May 1, 2003 Fee will be \$550.00 Addetion OPFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11 Maxe STRET ADRESS OPFICERS AND DIRECTORS V								
he obligations of registered agent: NATURE	·).							
After May 1, 2003 Fee will be \$550.00 ke Check Payable to Florida Department of State S. Election Campaign PinancingAdded to Fees Trust Fund ContributionAdded to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 E PD	NATURE		gent and title if applicable.	(NOTE: Registero			DATE	
E PD □ Delete TITLE □ Change □ Additio LET ADDRESS 4000 RT 66 STREET ADDRESS CITY-ST-ZIP □ Change □ Additio E VT □ Delete TITLE NAME □ Change □ Additio FE VT □ Delete TITLE □ Change □ Additio VGGEL, JOHN R □ Delete TITLE □ Change □ Additio VGGEL, JOHN R □ Delete TITLE □ Change □ Additio VGGEL, JOHN R □ Delete TITLE □ Change □ Additio VGGEL, JOHN R □ Delete TITLE □ Change □ Additio VGGEL, JOHN R □ Delete TITLE □ Change □ Additio VT □ Delete TITLE □ Change □ Additio STRET ADDRESS 4000 ROUTE 66 STREET ADDRESS □ Change □ Additio VET ADDRESS ITTLE □ Delete ITTLE □ Change □ Additio ET ADDRESS □ Delete ITTLE □ Change □ Additio STRET ADDRESS □ Delete ITTLE □					a Agent signature required			
He HOVNANIAN, HIRAIR HAVE STREET ADDRESS 4000 RT 66 STREET ADDRESS CTT-S1-2P TINTON FALLS NJ CTT-S1-2P C Change Addition CTT-S1-2P C CTT-S	Afte	er May 1, 2003 Fee will be \$550.0			a Agent signature required	9. Election Campaign Financi Trust Fund Contribution.	ing \$5.0 Added	to Fees
HE VOGEL, JOHN R NAME 40000 ROUTE 66 STREET ADDRESS CITY-ST-ZIP F V Delete TITLE KE V Delete TITLE HOVNANIAN, EDELE NAME STREET ADDRESS 4000 ROUTE 66 STREET ADDRESS CITY-ST-ZIP FE V HOVNANIAN, EDELE NAME 4000 ROUTE 66 STREET ADDRESS CITY-ST-ZIP FE Delete TITLE Change Addition STREET ADDRESS CITY-ST-ZIP E Delete TITLE Change FE Addition STREET ADDRESS CITY-ST-ZIP E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP E Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition E Delete TITLE Change Addition E Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP E <td< td=""><td>Afte ake Chec</td><td>er May 1, 2003 Fee will be \$550.0 k Payable to Florida Departmen OFFICERS AI</td><td>t of State</td><td>11.</td><td></td><td>9. Election Campaign Financi Trust Fund Contribution.</td><td>ing \$5.0 Added</td><td>I to Fees</td></td<>	Afte ake Chec	er May 1, 2003 Fee will be \$550.0 k Payable to Florida Departmen OFFICERS AI	t of State	11.		9. Election Campaign Financi Trust Fund Contribution.	ing \$5.0 Added	I to Fees
HOVNANIAN, EDELE NAME 4000 ROUTE 66 STREET ADDRESS (ST-ZIP CITY - ST - ZIP CITY - ST - ZIP Change Addition Rest STREET ADDRESS (ST-ZIP) Change Addition NAME ST-ZIP Change Addition NAME ST-ZIP CITY - ST - ZIP CITY - ST - ZIP <	Afte ke Chec E E Et ADDRESS	er May 1, 2003 Fee will be \$550.6 k Payable to Florida Departmen OFFICERS AI PD HOVNANIAN, HIRAIR 4000 RT 66	t of State	11. Title Name Strei	E ET ADDRESS	9. Election Campaign Financi Trust Fund Contribution.	ing \$5.0 Added	to Fees
Image: TADDRESS Image: True Image: True Addition Stratt ADDRESS Stratt ADDRESS CitY - ST - ZIP Image: True Addition Image: TADDRESS Image: True Image: True Image: True Image: True Addition Image: TadDRESS Image: True T	Afte ke Chec T ADDRESS ST-ZIP	Ar May 1, 2003 Fee will be \$550.0 K Payable to Florida Departmen OFFICERS AI PD HOVNANIAN, HIRAIR 4000 RT 66 TINTON FALLS NJ VT VOGEL, JOHN R 4000 ROUTE 66	t of State	11. TITLE NAME STREI CITY- TITLE NAME STREI	E ET ADDRESS -ST-ZIP E E ET ADDRESS	9. Election Campaign Financi Trust Fund Contribution.	ing \$5.0 Added RS AND DIRECTORS	I to Fees
T ADDRESS ST-ZIP Delete TITLE Change Addition Change Addition STREET ADDRESS CITY - ST-ZIP Delete TITLE Change Addition	Afte ke Chec T ADDRESS ST-ZIP T ADDRESS ST-ZIP	Ar May 1, 2003 Fee will be \$550.6 K Payable to Florida Departmen OFFICERS AI PD HOVNANIAN, HIRAIR 4000 RT 66 TINTON FALLS NJ VT VOGEL, JOHN R 4000 ROUTE 66 TINTON FALLS NJ V HOVNANIAN, EDELE 4000 ROUTE 66	t of State ND DIRECTORS Delete	11. TITLE NAME STREI CITY- TITLE NAME STREI STREE STREE	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	9. Election Campaign Financi Trust Fund Contribution.	ing \$5.0 Added	I to Fees
Delete TITLE Change Addition	Afte ke Chec ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	Ar May 1, 2003 Fee will be \$550.0 K Payable to Florida Departmen OFFICERS AI PD HOVNANIAN, HIRAIR 4000 RT 66 TINTON FALLS NJ VT VOGEL, JOHN R 4000 ROUTE 66 TINTON FALLS NJ V HOVNANIAN, EDELE 4000 ROUTE 66 TINTON FALLS NJ	t of State ND DIRECTORS Delete	11. P TITLE NAME STREI CITY- P TITLE NAME STREE CITY- P TITLE NAME STREE CITY- P TITLE NAME STREE STREE STREE STREE STREE	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E E E E T ADDRESS	9. Election Campaign Financi Trust Fund Contribution.	ing \$5.0 Added RS AND DIRECTORS Change	I to Fees
ST ADDRESS STREET ADDRESS ST-ZIP CITY - ST-ZIP	Afte ke Chec T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Ar May 1, 2003 Fee will be \$550.0 K Payable to Florida Departmen OFFICERS AI PD HOVNANIAN, HIRAIR 4000 RT 66 TINTON FALLS NJ VT VOGEL, JOHN R 4000 ROUTE 66 TINTON FALLS NJ V HOVNANIAN, EDELE 4000 ROUTE 66 TINTON FALLS NJ	t of State ND DIRECTORS Delete Delete Delete	11. TITLE NAME STREI CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE ST	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	9. Election Campaign Financi Trust Fund Contribution.	ing S5.0 Added RS AND DIRECTORS Change	I to Fees