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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F28536 (3)

1. Corporation Name
HOVNANIAN COMPANIES OF FLORIDA, INC.

Principal Place of Business
1800 S. AUSTRALIAN AVE. #400
W. PALM BEACH FL 33409

Mailing Address
1800 S. AUSTRALIAN AVE. #400
W. PALM BEACH FL 33409-6444



3. Date Incorporated or Qualified 04/06/1981
3a. Date of Last Report 03/25/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 22-2349530		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					
25		30					

9. Name and Address of Current Registered Agent

BRANNOCK, G. STEVEN, ESQ.
1800 S. AUSTRALIAN AVE. #400
W. 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOVNANIAN, KEVORK S	1.2 NAME	Karl Reid Hotaling
STREET ADDRESS	29 WARD AVE	1.3 STREET ADDRESS	1800 S. Australian Ave #400
CITY - ST - ZIP	RUMSON NJ	1.4 CITY - ST - ZIP	West Palm Beach, FL 33409
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHART, PETER S.	2.2 NAME	
STREET ADDRESS	2 BAYHILL ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEONARDO NJ	2.4 CITY - ST - ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNOCK, STEVEN G	3.2 NAME	
STREET ADDRESS	1800 S AUSTRALIAN AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, TIMOTHY P	4.2 NAME	
STREET ADDRESS	22 DEVON DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	PISCATAWAY NJ	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, TIMOTHY P.	5.2 NAME	
STREET ADDRESS	22 DEVON DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	PISCATAWAY NJ	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVNANIAN, ARA	6.2 NAME	
STREET ADDRESS	61 WHIPPORWILL VALLEY DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC HIGHLNDS NJ	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Karl Reid Hotaling* Karl Reid Hotaling 4/14/97 (561)478-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)