

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F28536

1. Corporation Name

K. HOVNIANIAN 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

APPROVED
AND
FILED
99 JAN 19 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1981

4. FEI Number

22-2349530

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BRANNOCK, G. STEVEN, ESQ.
1800 S. AUSTRALIAN AVE. #400
W. PALM BEACH FL 33409

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D
HOVNIANIAN, KEVORK S

STREET ADDRESS

29 WARD AVE

CITY-ST-ZIP

RUMSON NJ

TITLE

D
REINHART, PETER S.

STREET ADDRESS

2 BAYHILL ROAD

CITY-ST-ZIP

LEONARDO NJ

TITLE

P
HOTAIING, KARL R

STREET ADDRESS

1800 S AUSTRALIAN AVE #100

CITY-ST-ZIP

WEST PALM BEACH FL

TITLE

ST
MASON, TIMOTHY P

STREET ADDRESS

22 DEVON DR

CITY-ST-ZIP

PISCATAWAY NJ

TITLE

D
MASON, TIMOTHY P.

STREET ADDRESS

22 DEVON DR.

CITY-ST-ZIP

PISCATAWAY NJ

TITLE

D
HOVNIANIAN, ARA

STREET ADDRESS

61 WHIPPORWILL VALLEY DR

CITY-ST-ZIP

ATLANTIC HIGHLANDS NJ

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

500002752165--2

-01/22/99--01112--014

****150.00 ****150.00

☐ Change ☐ Addition

☒ Change ☐ Addition

P
Jon Rapaport
1800 So. Australian Ave., Ste.400
West Palm Beach, FL 33409

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Jon Rapaport, President 561-478-0060

Date

Daytime Phone #

032790

CR2E034 (11/98)