

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91436 001 ***300.00

006217 AV

DOCUMENT # F28536

1. Entity Name

K. HOVNANIAN COMPANIES OF FLORIDA, INC.

Principal Place of Business

~~4000 SE PINE VALLEY STREET~~
~~PORT ST. LUCIE FL 34952-6198~~

Mailing Address

~~4000 SE PINE VALLEY STREET~~
~~PORT ST. LUCIE FL 34952-6198~~

2. Principal Place of Business

1800 S. Australian Ave

3. Mailing Address

1800 S. Australian Ave

Suite, Apt. #, etc.

Suite 402

Suite, Apt. #, etc.

Suite 402

City & State

W. Palm Beach FL

City & State

West Palm Beach

Zip

33409

Country

Zip

33409

Country

4. FEI Number

22-2349530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BRANNOCK, G. STEVEN, ESQ.

1800 S. AUSTRALIAN AVE. #400

W. PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

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

Suite 402

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HOVNANIAN, KEVORK S**
STREET ADDRESS **29 WARD AVE**
CITY-ST-ZIP **RUMSON NJ**

TITLE **D** ☐ Delete
NAME **REINHART, PETER S**
STREET ADDRESS **2 BAYHILL ROAD**
CITY-ST-ZIP **LEONARDO NJ**

TITLE **P** ☐ Delete
NAME **RAPAPORT, JON**
STREET ADDRESS **1800 S. AUSTRALIAN AVE #400**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **ST** ☐ Delete
NAME **MASON, TIMOTHY P**
STREET ADDRESS **22 DEVON DR**
CITY-ST-ZIP **PISCATAWAY NJ**

TITLE **D** ☐ Delete
NAME **MASON, TIMOTHY P**
STREET ADDRESS **22 DEVON DR.**
CITY-ST-ZIP **PISCATAWAY NJ**

TITLE **D** ☐ Delete
NAME **HOVNANIAN, ARA**
STREET ADDRESS **61 WHIPPORWILL VALLEY DR**
CITY-ST-ZIP **ATLANTIC HIGHLANDS NJ**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Rapaport 3/7/02

Date

Daytime Phone #

CR2E034 (9/01)