

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F28537 (1)

1. Corporation Name

HOVNANIAN OF PALM BEACH II, INC.



Principal Place of Business

Mailing Address

1800 S. AUSTRALIAN AVENUE
SUITE 400
WEST PALM BEACH FL 33409

1800 S. AUSTRALIAN AVENUE
SUITE 400
WEST PALM BEACH FL 33409

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

04/06/1981

3a. Date of Last Report

05/01/1995

4. FEI Number

22-2349528

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. STEVE, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature not required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST
NAME MASON, TIMOTHY P
STREET ADDRESS 22 DEVON DR
CITY-ST-ZIP PISCATAWAY, NJ 00000 ☐ DELETE

TITLE D
NAME MASON, TIMOTHY P
STREET ADDRESS 22 DEVON DR.
CITY-ST-ZIP PISCATAWAY, NJ 0 ☐ DELETE

TITLE P
NAME ASFAHL, PAUL W
STREET ADDRESS 1800 S AUSTRALIAN AVE
CITY-ST-ZIP W PALM BCH FL ☒ DELETE

TITLE D
NAME REINHART, PETER S.
STREET ADDRESS 2 BAYHILL RD.
CITY-ST-ZIP LEONARD, NJ 0 ☐ DELETE

TITLE D
NAME HOVNANIAN, KEVORK S
STREET ADDRESS 29 WARD AVE
CITY-ST-ZIP RUMSON, NJ 00000 ☐ DELETE

TITLE D
NAME HOVNANIAN, ARA
STREET ADDRESS 61 WHIPPOWILL VALLEY RD
CITY-ST-ZIP ATLANTIC HIGHLND NJ ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Vice President

☐ Change

☒ 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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

CR2E034 (12/95)