

Apr 23 03 01:02p

J. P. Graf/D. C. Graf

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FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90142 024 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F96000000768					
1. Entity Name K. HOVNANIAN MORTGAGE, INC.					
Principal Place of Business 1800 S. AUSTRALIAN AVE. #400 WEST PALM BEACH, FL 33409 US			Mailing Address 1800 S. AUSTRALIAN AVE. #400 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 22-1470679				Applied For Not Applicable	
5. Certificate of Status Desired ☐				5. Certificate of Status Desired ☐ \$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ By whom, you are authorized agent of registered agent and the State of Florida. (NOTE: Registered Agent is required to sign this statement.) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KLINGER, DAN		NAME		
STREET ADDRESS	1600 S AUSTRALIAN AVE #400		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	VOSKOVITCH, ROBERT		NAME		
STREET ADDRESS	1600 S AUSTRALIAN AVE #400		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DUNN, TERRI		NAME		
STREET ADDRESS	1600 S AUSTRALIAN AVE #400		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MODIST, DEBRA		NAME		
STREET ADDRESS	1500 S AUSTRALIAN AVE, #100		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or in an attachment with an address, with all other information empowered.					
SIGNATURE: _____			Dan Klinger, President 4/23/03 800-232-351		

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☐ CHECK HERE IF MAKING CHANGES

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