

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

FILED  
Sep 15 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 # G10127 (0)

1. Corporation Name  
HOVNANIAN OF PALM BEACH VII, INC.

Principal Place of Business 1800 S. AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL 33409	Mailing Address 1800 S. AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL 33409-6444
---	--

3. Date Incorporated or Qualified 10/22/1982	3a. Date of Last Report 03/25/1996
---	---------------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 22-2424727 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

9. Name and Address of Current Registered Agent

BRANNOCK, G. STEVEN, ESQUIRE  
1800 S. AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																																																
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>HOVNANIAN, ARA K</td><td></td></tr><tr><td>STREET ADDRESS</td><td>61 WHIPPORWILL VALLEY RD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>ATLANTIC HGLNDS, NJ</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>REINHART, PETER S</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2 BAYHILL RD.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LEONARDO NJ</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>HOVNANIAN, KEVORK S</td><td></td></tr><tr><td>STREET ADDRESS</td><td>29 WARD AVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>RUMSON, NJ 08000</td><td></td></tr><tr><td>TITLE</td><td>ST</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>MASON, TIMOTHY P</td><td></td></tr><tr><td>STREET ADDRESS</td><td>22 DEVON DR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PISCATAWAY, NJ 08000</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>MASON, TIMOTHY P</td><td></td></tr><tr><td>STREET ADDRESS</td><td>22 DEVON DR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PISCATAWAY NJ</td><td></td></tr><tr><td>TITLE</td><td>VP</td><td><input checked="" type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>BRANNOCK, STEVEN G</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1800 S AUSTRALIAN AVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WEST PALM BEACH FL</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> DELETE	NAME	HOVNANIAN, ARA K		STREET ADDRESS	61 WHIPPORWILL VALLEY RD		CITY-ST-ZIP	ATLANTIC HGLNDS, NJ		TITLE	D	<input type="checkbox"/> DELETE	NAME	REINHART, PETER S		STREET ADDRESS	2 BAYHILL RD.		CITY-ST-ZIP	LEONARDO NJ		TITLE	D	<input type="checkbox"/> DELETE	NAME	HOVNANIAN, KEVORK S		STREET ADDRESS	29 WARD AVE		CITY-ST-ZIP	RUMSON, NJ 08000		TITLE	ST	<input type="checkbox"/> DELETE	NAME	MASON, TIMOTHY P		STREET ADDRESS	22 DEVON DR		CITY-ST-ZIP	PISCATAWAY, NJ 08000		TITLE	D	<input type="checkbox"/> DELETE	NAME	MASON, TIMOTHY P		STREET ADDRESS	22 DEVON DR		CITY-ST-ZIP	PISCATAWAY NJ		TITLE	VP	<input checked="" type="checkbox"/> DELETE	NAME	BRANNOCK, STEVEN G		STREET ADDRESS	1800 S AUSTRALIAN AVE		CITY-ST-ZIP	WEST PALM BEACH FL		<table><tr><td>1.1 TITLE</td><td>President</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td>Karl Reid Hotaling</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td>1800 S. Australian Ave #400</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td>West Palm Beach, FL 33409</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>	1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME	Karl Reid Hotaling		1.3 STREET ADDRESS	1800 S. Australian Ave #400		1.4 CITY-ST-ZIP	West Palm Beach, FL 33409	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																																															
NAME	HOVNANIAN, ARA K																																																																																																																																																
STREET ADDRESS	61 WHIPPORWILL VALLEY RD																																																																																																																																																
CITY-ST-ZIP	ATLANTIC HGLNDS, NJ																																																																																																																																																
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																																															
NAME	REINHART, PETER S																																																																																																																																																
STREET ADDRESS	2 BAYHILL RD.																																																																																																																																																
CITY-ST-ZIP	LEONARDO NJ																																																																																																																																																
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																																															
NAME	HOVNANIAN, KEVORK S																																																																																																																																																
STREET ADDRESS	29 WARD AVE																																																																																																																																																
CITY-ST-ZIP	RUMSON, NJ 08000																																																																																																																																																
TITLE	ST	<input type="checkbox"/> DELETE																																																																																																																																															
NAME	MASON, TIMOTHY P																																																																																																																																																
STREET ADDRESS	22 DEVON DR																																																																																																																																																
CITY-ST-ZIP	PISCATAWAY, NJ 08000																																																																																																																																																
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																																															
NAME	MASON, TIMOTHY P																																																																																																																																																
STREET ADDRESS	22 DEVON DR																																																																																																																																																
CITY-ST-ZIP	PISCATAWAY NJ																																																																																																																																																
TITLE	VP	<input checked="" type="checkbox"/> DELETE																																																																																																																																															
NAME	BRANNOCK, STEVEN G																																																																																																																																																
STREET ADDRESS	1800 S AUSTRALIAN AVE																																																																																																																																																
CITY-ST-ZIP	WEST PALM BEACH FL																																																																																																																																																
1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																															
1.2 NAME	Karl Reid Hotaling																																																																																																																																																
1.3 STREET ADDRESS	1800 S. Australian Ave #400																																																																																																																																																
1.4 CITY-ST-ZIP	West Palm Beach, FL 33409	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																															
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																															
2.2 NAME																																																																																																																																																	
2.3 STREET ADDRESS																																																																																																																																																	
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																															
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																															
3.2 NAME																																																																																																																																																	
3.3 STREET ADDRESS																																																																																																																																																	
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																															
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																															
4.2 NAME																																																																																																																																																	
4.3 STREET ADDRESS																																																																																																																																																	
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																															
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																															
5.2 NAME																																																																																																																																																	
5.3 STREET ADDRESS																																																																																																																																																	
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																															
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																															
6.2 NAME																																																																																																																																																	
6.3 STREET ADDRESS																																																																																																																																																	
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																															

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 \_\_\_\_\_

CR2E034 (9/96)