

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

FILED  
Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/22/1982</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>22-2424727</b>	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BRANNOCK, G. STEVEN, ESQUIRE 1800 S. AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL 33409</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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

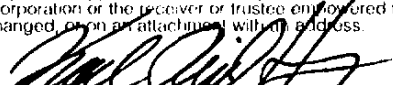
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOVNANIAN, ARA K</b>	1.2 NAME	
STREET ADDRESS	<b>61 WHIPPORWILL VALLEY RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTIC HGLNDS, NJ</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REINHART, PETER S</b>	2.2 NAME	
STREET ADDRESS	<b>2 BAYHILL RD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LEONARDO NJ</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOVNANIAN, KEVORK S</b>	3.2 NAME	
STREET ADDRESS	<b>29 WARD AVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RUMSON, NJ 00000</b>	3.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASON, TIMOTHY P</b>	4.2 NAME	
STREET ADDRESS	<b>22 DEVON DR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PISCATAWAY, NJ 00000</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASON, TIMOTHY P</b>	5.2 NAME	
STREET ADDRESS	<b>22 DEVON DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PISCATAWAY NJ</b>	5.4 CITY - ST - ZIP	
TITLE	<b>P</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOTALING, KARL R</b>	6.2 NAME	
STREET ADDRESS	<b>1800 S AUSTRALIAN AVE 400</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>W PALM BCH FL</b>	6.4 CITY - ST - ZIP	

14. 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 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 my address.

SIGNATURE:



Karl Reid Hotaling 2/1/98 (561)478-0060

CP2E034 (10/97)