

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G16576** (2)

1. Corporation Name

HOVNANIAN OF PALM BEACH IX, INC.



Principal Place of Business

**1800 S. AUSTRALIAN AVE.
SUITE 400
WEST PALM BEACH FL 33409**

Mailing Address

**1800 S. AUSTRALIAN AVE.
SUITE 400
WEST PALM BEACH FL 33409**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24	25	29	30		

9. Name and Address of Current Registered Agent

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

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

3. Date Incorporated or Qualified	3a. Date of Last Report
12/17/1982	05/01/1995
4. FEI Number	Applied For
22-2428059	Not Applicable
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	

10. Name and Address of New Registered Agent

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 fee, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOVNANIAN, KEVORK S.	1.2 NAME	G. Steven Brannock
STREET ADDRESS	29 WARD AVENUE	1.3 STREET ADDRESS	1800 S. Australian Avenue, Suite 400
CITY-ST-ZIP	RUMSON NJ	1.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVNANIAN,ARA K.	2.2 NAME	
STREET ADDRESS	61 WHIPPOWILL VALLEY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC HIGHLNDS NJ	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHART,PETER S.	3.2 NAME	
STREET ADDRESS	2 BAYHILL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEONARDO NJ	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, TIMOTHY P.	4.2 NAME	
STREET ADDRESS	22 DEVON DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY NJ	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, TIMOTHY P.	5.2 NAME	
STREET ADDRESS	22 DEVON DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY NJ	5.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASFAHL, PAUL W	6.2 NAME	
STREET ADDRESS	1800 S AUSTRALIAN #400	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	6.4 CITY-ST-ZIP	

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

Date Daytime Phone #

CR2E034 (12/95)