

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

CORPORATION
ANNUAL REPORT*
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G22909 (7)

1. Corporation Name

HOVNANIAN AT TARPON LAKES I, INC.

Principal Place of Business

**1800 S. AUSTRALIAN AVENUE
SUITE 400
WEST PALM BEACH, FLORIDA 33409**

Mailing Address

**1800 S. AUSTRALIAN AVENUE
SUITE 400
WEST PALM BEACH, FLORIDA 33409**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/08/1983

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

22-2436504

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. STEVEN ESQUIRE
1800 S. AUSTRALIAN AVENUE
SUITE 400
WESTPALM 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 required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

HOVNANIA, KEVORK S

STREET ADDRESS

29 WARD AVE

CITY - ST - ZIP

RUMSON NJ

TITLE

DV

NAME

REINHARDT, PETER S.

STREET ADDRESS

2 BAYHILL RD.

CITY - ST - ZIP

LEONARDO NJ

TITLE

V

NAME

MASON, TIMOTHY P.

STREET ADDRESS

22 DEVON DR.

CITY - ST - ZIP

PISCATAWAY NJ

TITLE

DST

NAME

MASON, TIMOTHY P.

STREET ADDRESS

22 DEVON DR.

CITY - ST - ZIP

PISCATAWAY NJ

TITLE

P

NAME

ASFAHL, PAUL W

STREET ADDRESS

1800 S AUSTRALIAN AVE #400

CITY - ST - ZIP

WEST PALM BEACH FL

TITLE

DV

NAME

BUCHANAN, PAUL W.

STREET ADDRESS

8 BLUEBERRY LN.

CITY - ST - ZIP

LEONARDO NJ

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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

PAUL W. ASFAHL 3-31-95 407/478-0060

Date

Signature Printed Name