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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
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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 33409-6444
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3. Date Incorporated or Qualified 02/08/1983	3a. Date of Last Report 03/26/1996
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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 22-2436504	Applied For 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
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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	85 Zip Code
			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 _____
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	D HOVNANIA, KEVORK S 29 WARD AVE RUMSON NJ	1.1 TITLE	President
NAME		1.2 NAME	Karl Reid Hotaling
STREET ADDRESS		1.3 STREET ADDRESS	1800 S. Australian Ave #400
CITY-ST-ZIP		1.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	DV REINHARDT, PETER S. 2 BAYHILL RD. LEONARDO NJ	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V MASON, TIMOTHY P. 22 DEVON DR. PISCATAWAY NJ	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DST MASON, TIMOTHY P. 22 DEVON DR. PISCATAWAY NJ	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V BRANNOCK, STEVEN G 1800 S AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DV BUCHANAN, PAUL W. 8 BLUEBERRY LN. LEONARDO NJ	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  Karl Reid Hotaling 4/14/97 (561) 438-0060

CR2E034 (9/96)