

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 # G39860 (3)

1. Corporation Name

HOVNANIAN OF PALM BEACH XI, 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.

3. Date Incorporated or Qualified

05/19/1993

3a. Date of Last Report

04/22/1994

4. FEI Number

22-2457945

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HOVNANIAN, KEVORK S.
STREET ADDRESS	29 WARD AVE.
CITY - ST - ZIP	RUMSON NJ
TITLE	D
NAME	HOVNANIAN, ARA K.
STREET ADDRESS	61 WHIPPORWILL VALLEY RD
CITY - ST - ZIP	ATLANTIC HGLNDS NJ
TITLE	TD
NAME	MASON, TIMOTHY P.
STREET ADDRESS	22 DEVON DR.
CITY - ST - ZIP	PISCATAWAY NJ
TITLE	S
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
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	BUCHANAN, PAUL W.
STREET ADDRESS	8 BLUEBERRY LN.
CITY - ST - ZIP	LEONARDO NJ

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 this 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number