

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90122 028 ***150.00

DOCUMENT # G39860

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

05/19/1983

4. FEI Number

22-2457945

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

BRANNOCK, G. STEVEN, ESQ.
1800 S. AUSTRALIAN AVENUE
SUITE 400
WEST PALM 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HOVNANIAN, KEVORK S.
STREET ADDRESS 29 WARD AVE.
CITY-ST-ZIP RUMSON NJ ☐ DELETE

TITLE D
NAME HOVNANIAN, ARA K.
STREET ADDRESS 61 WHIPPOWILL VALLEY RD
CITY-ST-ZIP ATLANTIC HGLNDS NJ ☐ DELETE

TITLE TD
NAME MASON, TIMOTHY P.
STREET ADDRESS 22 DEVON DR.
CITY-ST-ZIP PISCATAWAY NJ ☐ DELETE

TITLE S
NAME MASON, TIMOTHY P.
STREET ADDRESS 22 DEVON DR.
CITY-ST-ZIP PISCATAWAY NJ ☐ DELETE

TITLE P
NAME HOTALING, KARL R
STREET ADDRESS 1800 S AUSTRALIAN AVE #400
CITY-ST-ZIP W PALM BCH FL ☒ DELETE

TITLE D
NAME BUCHANAN, PAUL W.
STREET ADDRESS 8 BLUEBERRY LN.
CITY-ST-ZIP LEONARDO NJ ☐ DELETE

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 P
5.2 NAME Jon Rapaport
5.3 STREET ADDRESS 1800 S Australian Ave #400
5.4 CITY-ST-ZIP West Palm Beach FL 33409 ☒ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jon Rapaport

Date

561-478-0060
Daytime Phone #

CR2E034 (11/98)