

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 # G62564 (1)
1. Corporation Name
K. HOVNIANIAN AT ORLANDO I, 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
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/15/1983	3a. Date of Last Report 04/22/1994
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 22-2471404 Applied For <input type="checkbox"/> 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 § 199 QAP 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVNIANIAN, KEVORK S.	1.2 NAME	
STREET ADDRESS	29 WARD AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	RUMSON NJ	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASF AHL, PAUL W	2.2 NAME	
STREET ADDRESS	1800 S AUSTRALIAN AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH FL	2.4 CITY - ST - ZIP	
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, TIMOTHY P.	3.2 NAME	
STREET ADDRESS	22 DEVON DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PISCATAWAY NJ	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, PAUL W.	4.2 NAME	
STREET ADDRESS	8 BLUEBERRY LN.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LEONARDO NJ	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIMPF, JOHN J.	5.2 NAME	
STREET ADDRESS	227 PELICAN ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLETOWN NJ	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption entitled 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: *Paul W. Asfahl* **PAUL W. ASF AHL** 3-31-95 407/438-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)