

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G62564** (1)

1. Corporation Name  
**K. HOVNANIAN 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**

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)

3. Date Incorporated or Qualified: **09/15/1983**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **22-2471404** 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**

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 beneficial applicable

(NOTE: Registered Agent Signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOVNANIAN, KEVORK S.</b>	
STREET ADDRESS	<b>29 WARD AVE.</b>	
CITY - ST - ZIP	<b>RUMSON NJ</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ASFAHL, PAUL W</b>	
STREET ADDRESS	<b>1800 S AUSTRALIAN AVE</b>	
CITY - ST - ZIP	<b>W PALM BCH FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>MASON, TIMOTHY P.</b>	
STREET ADDRESS	<b>22 DEVON DRIVE</b>	
CITY - ST - ZIP	<b>PISCATAWAY NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUCHANAN, PAUL W.</b>	
STREET ADDRESS	<b>8 BLUEBERRY LN.</b>	
CITY - ST - ZIP	<b>LEONARDO NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHIMPF, JOHN J.</b>	
STREET ADDRESS	<b>227 PELICAN ROAD</b>	
CITY - ST - ZIP	<b>MIDDLETOWN NJ</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>G. Steven Brannock</b>	
1.3 STREET ADDRESS	<b>1800 S. Australian Avenue, Suite 400</b>	
1.4 CITY - ST - ZIP	<b>West Palm Beach, FL 33409</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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

**G. Steven Brannock 3/12/96 407-478-0060**

Date

Display Phone #

CR2E034 (12/95)