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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J24533** (8)
1. Corporation Name
K. HOVNIANIAN AT DELRAY BEACH 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.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	3. Date Incorporated or Qualified 07/17/1986	3a. Date of Last Report 04/21/1994
		4. FEI Number 22-2722245	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. 119.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent BRANNOCK, G. STEVEN, ESQUIRE 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 85 Zip Code FL
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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 date if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP D HOVNIANIAN, KEVORK S. 29 WARD AVE. RUMSON NJ	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D HOVNIANIAN, ARA K. 61 WHIPPORWILL VALLEY RD ATLANTIC HGLNDS NJ	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP SDT MASON, TIMOTHY P. 22 DEVON DR. PISCATAWAY NJ	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP P ASFAHL, PAUL W 1800 S AUSTRALIAN AVE W PALM BCH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ☐ Change ☐ 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 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. ASFAHL** 3-31-95 409/478-0060
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR