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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J59393 (5)

1. Corporation Name
K. HOVNANIAN AT DELRAY BEACH II, INC.

Principal Place of Business
% G. STEVEN BRANNOCK
1800 SOUTH AUSTRALIAN AVE., SUITE 400
WEST PALM BEACH FL 33409

Mailing Address
% G. STEVEN BRANNOCK
1800 SOUTH AUSTRALIAN AVE., SUITE 400
WEST PALM BEACH FL 33409-6444



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1987		3a. Date of Last Report 03/25/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 22-2837106		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRANNOCK, G. STEVEN 1800 SOUTH AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HOVNANIAN, KEVORK S.		1.2 NAME	Karl Reid Hotaling			
STREET ADDRESS	29 WARD AVENUE		1.3 STREET ADDRESS	1800 S. Australian #400			
CITY - ST - ZIP	RUMSON NJ		1.4 CITY - ST - ZIP	West Palm Beach, FL 33409			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOVNANIAN, ARA K.		2.2 NAME				
STREET ADDRESS	29 WARD AVENUE		2.3 STREET ADDRESS				
CITY - ST - ZIP	RUMSON NJ		2.4 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	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	VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRANNOCK, STEVEN G		4.2 NAME				
STREET ADDRESS	1800 S AUSTRALIAN AVE #400		4.3 STREET ADDRESS				
CITY - ST - ZIP	WEST PALM BEACH FL		4.4 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REINHART, PETER S.		5.2 NAME				
STREET ADDRESS	4 BLUEBERRY LANE		5.3 STREET ADDRESS				
CITY - ST - ZIP	LEONARDO NJ		5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	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 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.

SIGNATURE: Karl Reid Hotaling 4/14/97 (561) 478-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)