*2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K51948

1. Entity Name

HOVNANIAN LEASING CORPORATION

Principal Place of Business
% ROBB R. MAASS ESQ
321 ROYAL POINCIANA PLZ
PALM REACH EL 33480

Mailing Address

% ROBB R. MAASS ESO 321 ROYAL POINCIANA PLZ PALM BEACH FL 33480

				- 1			
2. Principal Place of Business	s	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		State City & State					
Zip	Country	· Zip	Country				

FILED May 17, 2001 8:00 am Secretary of State

05-17-2001 91083 010 ***550.00



2. Principal	Principal Place of Business 3. Mailing Address			TI NEGOTI BELBUKS KAN TIKU BIRKI KEN BIRKI B							
Suite, Apt. #, etc. Suite, Apt. #, etc.			c.		DO NOT WRITE IN THIS SPACE						
City & State City & State					4.	FEI Number (55-0092625			pplied For ot Applicable	
Zip		Country	· Zip	· Zip Country			5. Certificate of Status Desired See Required				ditional
	6. Name	and Address of Curren	t Registered Agent		1	7. 1	Name and Addr	ess of New Reg	istered /	Agent	
MAASS, ROBB R. ESQ. 321 ROYAL POINCIANA PLZ PALM BEACH FL 33480				· - , _	Name Street Address	(P.O. B	Box Number is N	ot Acceptable)			
					City FL Zip Code						
SIGNATURE 9. This corporate filling	Signature, typed	y submits this statement if or printed name of registered ager ble to satisfy its Intangible and elects to do so.	t and title if applicable. e FILE After MA	(NOTE: Registered NOW!!! FEE Y 1, 2001 Fee	d Agent signature require	ed when re	pinstating) 10. Election (ne State of Florid Campaign Finance d Contribution.	DATE	\$5.0] Added	00 May Be
11.		OFFICERS AND		12.			L DITIONS/CHAN	GES TO OFFICE	BS AND	DIRECTOR	S IN 11
TITLE	DP	OTTOERS ARE	Dele				DITIONS/CHAIN	GES TO OFFICE	.no AND		
NAME STREET ADDRESS CITY-ST-ZIP	HOVNANIA 4000 RT 6	AN, HIRAIR 6 ALLS NJ 07753	L Dele	NAM! STRE						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOVNANIA 4000 RT 6 TINTON FA	6	☐ Delet	NAME STREE	1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000 RT 6	•	☐ Delet	NAME STREE						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT VOGEL, JO 4000 RT 6 TINTON FA	6	□ Delet	NAME STREE	1					☐ Change	☐ Addition
TITLE NAME Street Address City-St-Zip	S HOVNANIA 4000 RT 6 TINTON FA		□ Delet	NAME STREE						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GILLIES, VI 4000 RT 60 TINTON FA	6	☐ Delete	NAME Stree						☐ Change	Addition

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 report or supplemental 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 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

FRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR