

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 15 PM 2: 59

DOCUMENT # L03000038757

1. Entity Name
K. HOVNANIAN WINDWARD HOMES, LLC



Principal Place of Business Mailing Address
5439 BEAUMONT CENTER BOULEVARD, SUITE 1050 5439 BEAUMONT CENTER BOULEVARD, SUITE 1050
TAMPA, FL 33634 US TAMPA, FL 33634 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

05012008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0301995 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME HOVNANIAN DEVELOPMENTS OF FLORIDA, INC.
STREET ADDRESS 110 WEST FRONT STREET
CITY-ST-ZIP RED BANK, NJ 07701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME SCHULMEYER, GEORGE S
STREET ADDRESS 5439 BEAUMONT CENTER BLVD., STE. 1050
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME CORACE, PAUL
STREET ADDRESS 5439 BEAUMONT CENTER BLVD., STE. 1050
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME KEATING, GARY P
STREET ADDRESS 5439 BEAUMONT CENTER BLVD., STE. 1050
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME MAURER, ALINE
STREET ADDRESS 5439 BEAUMONT CENTER BOULEVARD, SUITE 1050
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Change ☒ Addition
NAME Assistant Secretary
STREET ADDRESS Mary I. Hague
CITY-ST-ZIP 5439 Beaumont Center Blvd. Suite 1050
Tampa, FL 33634

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Peter S. Reinhart Secretary of Member Hovnanian Developments of Florida, Inc.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #