

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M02597 (6)**

1. Corporation Name

**K. HOVNIANIAN AT FT. MYERS I, INC.**

Principal Place of Business	Mailing Address
1800 S. AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL 33409	1800 S. AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
07/11/1984	04/22/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	22-2562958	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

**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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 title if applicable

NOTE: Registered Agent signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVNIANIAN, KEVORK S.	1.2 NAME	
STREET ADDRESS	29 WARD AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	RUMSON NJ	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVNIANIAN, ARA K.	2.2 NAME	
STREET ADDRESS	61 WHIPPORWILL VALLEY DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC HGLNDS NJ	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, TIMOTHY P.	3.2 NAME	
STREET ADDRESS	22 DEVON DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PISCATAWAY NJ	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, TIMOTHY P.	4.2 NAME	
STREET ADDRESS	22 DEVON DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PISCATAWAY NJ	4.4 CITY - ST - ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASFAHL, PAUL W	5.2 NAME	
STREET ADDRESS	1800 S AUSTRALIAN AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	5.4 CITY - ST - ZIP	
TITLE		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 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 3-31-95 407/478-0000