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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
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DOCUMENT # **M07375** (2)

1. Corporation Name
H. HOVNANIAN AT JENSEN BEACH, 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 33409-6444**

3. Date Incorporated or Qualified **11/05/1984** 3a. Date of Last Report **03/25/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 22-2572443	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

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

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 <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP D HOVNANIAN, KEVORK S. 29 WARD AVE. RUMSON NJ	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President 1.2 NAME Karl Reid Hotaling 1.3 STREET ADDRESS 1800 S. Australian Ave #400 1.4 CITY - ST - ZIP West Palm Beach, FL 33409
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP D HOVNANIAN, ARA K. 61 WHIPPORWILL VALLEY RD ATLANTIC HGLNDS NJ	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP VP BRANNOCK, STEVEN G 1800 S. AUSTRALINA AVE. WEST PALM BEACH FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP SD MASON, TIMOTHY P. 22 DEVON DR. PISCATAWAY NJ	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP T MASON, TIMOTHY P. 22 DEVON DR. PISCATAWAY NJ	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP D BUCHANAN, PAUL W. 8 BLUEBERRY LN LEONARDO NJ	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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

Date

Daytime Phone #

0302182

CR2E034 (9/96)