

**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 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M13260** (8)

1. Corporation Name  
**K. HOVNIANIAN AT ORLANDO III, 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 <b>03/28/1985</b>	3a. Date of Last Report <b>04/22/1994</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number <b>22-2601172</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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, ESQUIRE**  
1800 S. AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH FL 33409

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

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 the filer if applicable

NOTE: Registered Agent signature required when resubmitting

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>HOVNIANIAN, KEVORK S.</b>
STREET ADDRESS	<b>29 WARD AVENUE</b>
CITY - ST - ZIP	<b>RUMSON NJ</b>
TITLE	<b>SDT</b>
NAME	<b>MASON, TIMOTHY P.</b>
STREET ADDRESS	<b>22 DEVON DRIVE</b>
CITY - ST - ZIP	<b>PISCATAWAY, N. J.</b>
TITLE	<b>D</b>
NAME	<b>REINHART, PETER S.</b>
STREET ADDRESS	<b>2 BAYHILL RD.</b>
CITY - ST - ZIP	<b>LEONARDO, N. J.</b>
TITLE	<b>P</b>
NAME	<b>ASFAHL, PAUL W.</b>
STREET ADDRESS	<b>1800 S AUSTRALIAN AV 400</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>BUCHANAN, PAUL W.</b>
STREET ADDRESS	<b>8 BLUEBERRY LN.</b>
CITY - ST - ZIP	<b>LEONARDO NJ</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, 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

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

(Name)

(Filing Office #)