

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M13260** (8)

1. Corporation Name
K. HOVNIANIAN AT ORLANDO III, 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**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 03/28/1985	3a. Date of Last Report 05/01/1995
4. FCI Number 22-2601172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 Corporation) (NOTE: Registered Agent's signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOVNIANIAN, KEVORK S.	12. NAME	G. Steven Brannock
STREET ADDRESS	29 WARD AVENUE	13. STREET ADDRESS	1800 S. Australian Avenue, Suite 400
CITY- ST- ZIP	RUMSON NJ	14. CITY- ST- ZIP	West Palm Beach, FL 33409
TITLE	SDT <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, TIMOTHY P.	22. NAME	
STREET ADDRESS	22 DEVON DRIVE	23. STREET ADDRESS	
CITY- ST- ZIP	PISCATAWAY, N. J.	24. CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHART, PETER S.	32. NAME	
STREET ADDRESS	2 BAYHILL RD.	33. STREET ADDRESS	
CITY- ST- ZIP	LEONARDO, N. J.	34. CITY- ST- ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASF AHL, PAUL W.	42. NAME	
STREET ADDRESS	1800 S AUSTRALIAN AV 400	43. STREET ADDRESS	
CITY- ST- ZIP	WEST PALM BEACH FL	44. CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, PAUL W.	52. NAME	
STREET ADDRESS	8 BLUEBERRY LN.	53. STREET ADDRESS	
CITY- ST- ZIP	LEONARDO NJ	54. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. 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 119.07(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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **G. Steven Brannock** 3/12/96 407-478-0060

CR2E034 (12/95)