

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



3-25-96  
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M16004

1. Corporation Name

K. HOVNANIAN AT PASCO I, INC.

(7)



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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/30/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

22-2636392

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

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 text applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOVNANIAN, KEVORK S.	
STREET ADDRESS	29 WARD AVENUE	
CITY-STATE-ZIP	RUMSON NJ	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOVNANIAN, ARA K.	
STREET ADDRESS	61 WHIPPORWILL VALLEY DR	
CITY-STATE-ZIP	ATLANTIC HGLNDS NJ	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MASON, TIMOTHY P.	
STREET ADDRESS	22 DEVON DRIVE	
CITY-STATE-ZIP	PISCATAWAY, N. J.	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MASON, TIMOTHY P.	
STREET ADDRESS	22 DEVON DR.	
CITY-STATE-ZIP	PISCATAWAY NJ	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ASFAHL, PAUL W.	
STREET ADDRESS	1800 S AUSTRALIAN AVE, #400	
CITY-STATE-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	G. Steven Brannock	
1.3 STREET ADDRESS	1800 S. Australian Avenue, Suite 400	
1.4 CITY-STATE-ZIP	West Palm Beach, FL 33409	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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

DATE

DATE OF FILING

CR2E034 (12/95)