

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 # M17673 (8)

1. Corporation Name

K. HOVNANIAN AT MARTIN DOWNS II, 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**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/08/1985

3a. Date of Last Report

04/22/1994

4. FEI Number

22-2577062

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

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

23
Zip Country

City & State

28
Zip 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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL **B5** 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 firm if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOVNANIAN, KEVORK S.
STREET ADDRESS	29 WARD AVE.
CITY - ST - ZIP	RUMSON NJ
TITLE	DST
NAME	MASON, TIMOTHY P.
STREET ADDRESS	22 DEVON DRIVE
CITY - ST - ZIP	PISCATAWAY NJ
TITLE	D
NAME	REINHART, PETER S.
STREET ADDRESS	2 BAYHILL RD.
CITY - ST - ZIP	LEONARDO NJ
TITLE	P
NAME	ASFAHL, PAUL W.
STREET ADDRESS	1800 S AUSTRALIAN AV 400
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	BUCHANAN, PAUL W.
STREET ADDRESS	8 BLUEBERRY LN.
CITY - ST - ZIP	LEONARDO NJ
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 119.07(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 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

Paul W. Asfahl **3-31-95** **401/478-0060**