

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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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 # **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 33409-6444**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/08/1985		3a. Date of Last Report 03/25/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-2577062		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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 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			
				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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	HOVNANIAN, KEVORK S.	1.2 NAME	Karl Reid Hotaling
STREET ADDRESS	29 WARD AVE.	1.3 STREET ADDRESS	1800 S. Australian Ave #400
CITY-ST-ZIP	RUMSON NJ	1.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	DST	2.1 TITLE	
NAME	MASON, TIMOTHY P.	2.2 NAME	
STREET ADDRESS	22 DEVON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY NJ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	REINHART, PETER S.	3.2 NAME	
STREET ADDRESS	2 BAYHILL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEONARDO NJ	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	BRANNOCK, STEVEN G	4.2 NAME	
STREET ADDRESS	1800 S AUSTRALIAN AV 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BUCHANAN, PAUL W.	5.2 NAME	
STREET ADDRESS	8 BLUEBERRY LN.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEONARDO NJ	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl Reid Hotaling 4/14/97 (561) 478-0060

Date

Daytime Phone #

0302191

CR2E034 (9/96)