

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M17673

1. Corporation Name

K. HOVNIANIAN 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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90122 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1985

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ 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

☐ DELETE

TITLE D  
NAME HOVNIANIAN, 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 ~~HOTALING, KARL R~~  
STREET ADDRESS 1800 S AUSTRALIAN AVE, #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 ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

P  
Jon Rapaport  
1800 S Australian Ave, #400  
West Palm Beach, FL 33409

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

*Jon Rapaport*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-478-0060

Daytime Phone #

CR2E034 (11/98)