

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M17673

1. Entity Name

K. HOVNANIAN AT MARTIN DOWNS II, INC.

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90004 035 \*\*\*150.00

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 33409-6450

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 22-2577062

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANNOCK, G.STEVEN, ESQUIRE  
1800 S. AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH FL 33409

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME HOVNANIAN, KEVORK S.  
STREET ADDRESS 29 WARD AVE.  
CITY-ST-ZIP RUMSON NJ ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DST  
NAME MASON, TIMOTHY P.  
STREET ADDRESS 22 DEVON DRIVE  
CITY-ST-ZIP PISCATAWAY NJ ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME REINHART, PETER S.  
STREET ADDRESS 2 BAYHILL RD.  
CITY-ST-ZIP LEONARDO NJ ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME RAPAPORT, JON  
STREET ADDRESS 1800 S AUSTRALIAN AVE, #400  
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BUCHANAN, PAUL W.  
STREET ADDRESS 8 BLUEBERRY LN.  
CITY-ST-ZIP LEONARDO NJ ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Rapaport, President 1/5/00 (561)478-0060

Date

Daytime Phone #

CR2E034 (9/99)