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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

DOCUMENT # M20265 (8)

1. Corporation Name
K. HOVNANIAN AT FT. MYERS 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

3. Date Incorporated or Qualified
09/06/1985

3a. Date of Last Report
03/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 22-2636393	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

BRANNOCK, G. STEVEN, ESQ
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
85. Zip Code
FL

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 HOVNANIAN, KEVORK S. 29 WARD AVENUE RUMSON NJ	1.1 TITLE	President
NAME		1.2 NAME	Karl Reid Hotaling
STREET ADDRESS		1.3 STREET ADDRESS	1800 S. Australian Ave #400
CITY-ST-ZIP		1.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D HOVNANIAN, ARA K. 61 WHIPPORWILL VALLEY DR ATLANTIC HGLNDS NJ	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP BRANNOCK, STEVEN G 1800 S AUSTRALIAN AVE WEST PALM BEACH FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D REINHART, PETER S. 2 BAYHILL ROAD LEONARDO NJ	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	ST MASON, TIMOTHY P. 22 DEVON DRIVE PISCATAWAY, N.JERSEY	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MASON, TIMOTHY P. 22 DEVON DRIVE PISCATAWAY, N.JERSEY	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 #

CR2E034 (9/96)