

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

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

05-04-1999 90122 029 ***150.00

DOCUMENT # M20265

1. Corporation Name

K. HOVNIANIAN 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1985

4. FEI Number

22-2636393

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

TITLE D
NAME HOVNIANIAN, KEVORK S.
STREET ADDRESS 29 WARD AVENUE
CITY-ST-ZIP RUMSON NJ ☐ DELETE

TITLE D
NAME HOVNIANIAN, ARA K.
STREET ADDRESS 61 WHIPPORWILL VALLEY DR
CITY-ST-ZIP ATLANTIC HGLNDS NJ ☐ DELETE

TITLE P
NAME HOTALING, KARL R
STREET ADDRESS 1800 S AUSTRALIAN AVE, #400
CITY-ST-ZIP WEST PALM BEACH FL ☒ DELETE

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

TITLE ST
NAME MASON, TIMOTHY P.
STREET ADDRESS 22 DEVON DRIVE
CITY-ST-ZIP PISCATAWAY, N.JERSEY ☐ DELETE

TITLE D
NAME MASON, TIMOTHY P.
STREET ADDRESS 22 DEVON DRIVE
CITY-ST-ZIP PISCATAWAY, N.JERSEY ☐ DELETE

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 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:

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

Date

Daytime Phone #

561-478-0060

CR2E034 (11/98)