

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M70206** (1)

1. Corporation Name

K. HOVNANIAN AT LAWRENCE GROVE, INC.

Principal Place of Business

**% G. STEVEN BRANNOCK
1800 S. AUSTRALIAN AVE. SUITE 400
WEST PALM BEACH FL 33409**

Mailing Address

**% G. STEVEN BRANNOCK
1800 S. AUSTRALIAN AVE. SUITE 400
WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/01/1988

3a. Date of Last Report

04/22/1994

4. FEI Number

22-2870382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**BRANNOCK, G. STEVEN
1800 S. AUSTRALIAN AVE.
SUITE 400
WEST PALM BEACH FL**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MASON, TIMOTHY P.
22 DEVON DR.
PISCATAWAY NJ**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HOVNANIAN, ARA K.
29 WARD AVE.
RUMSON NJ**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
REINHART, PETER S.
4 BLUEBERRY LN.
LEONARDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ASFAHL, PAUL W.
1800 S AUSTRALIAN AVE, #400
W. PALM BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, 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 SIGNED OFFICER OR DIRECTOR

Date

Signature Please Print