

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 # M70206

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

APPROVED  
AND  
FILED

99 JAN 19 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1988

4. FEI Number

22-2870382

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

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

9. Name and Address of Current Registered Agent

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

TITLE D ☐ DELETE

NAME HOVNANIAN, KEVORK S.

STREET ADDRESS 29 WARD AVE.

CITY-ST-ZIP RUMSON NJ

TITLE D ☐ DELETE

NAME MASON, TIMOTHY P.

STREET ADDRESS 22 DEVON DR.

CITY-ST-ZIP PISCATAWAY NJ

TITLE D ☐ DELETE

NAME HOVNANIAN, ARA K.

STREET ADDRESS 29 WARD AVE.

CITY-ST-ZIP RUMSON NJ

TITLE D ☐ DELETE

NAME REINHART, PETER S.

STREET ADDRESS 4 BLUEBERRY LN.

CITY-ST-ZIP LEONARDO FL

TITLE P ☒ DELETE

NAME HOVNANIAN, KAREN R.

STREET ADDRESS 1800 S AUSTRALIAN AVE, #400

CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 000002752170-7

1.3 STREET ADDRESS -01/22/99--01112--016

1.4 CITY-ST-ZIP \*\*\*150.00 \*\*\*150.00

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 Jon Rapaport

5.3 STREET ADDRESS 1800 So. Australian Ave., #400

5.4 CITY-ST-ZIP West Palm Beach, FL 33409

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, President

Date

561-478-0060

Daytime Phone #

CR2E034 (1/198)

032745