

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 3:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M95967 (9)

1. Corporation Name

K. HOVNANIAN AT HALF MOON BAY, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/25/1988

3a. Date of Last Report

04/22/1994

4. FEI Number

22-2915380

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BRANNOCK, G. STEVEN
1800 SO. 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	D
NAME	HOVNANIAN, KEVORK S.
STREET ADDRESS	29 WARD AVENUE
CITY - ST - ZIP	RUMSON NJ
TITLE	D
NAME	HOVNANIAN, ARA K.
STREET ADDRESS	29 WARD AVENUE
CITY - ST - ZIP	RUMSON NJ
TITLE	D
NAME	MASON, TIMOTHY P.
STREET ADDRESS	22 DEVON DRIVE
CITY - ST - ZIP	PISCATAWAY NJ
TITLE	D
NAME	REINHART, PETER S.
STREET ADDRESS	4 BLUEBERRY LANE
CITY - ST - ZIP	LEONARDO NJ
TITLE	P
NAME	ASFAHL, PAUL W.
STREET ADDRESS	1800 S AUSTRALIAN #400
CITY - ST - ZIP	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	☐ 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul W. Asfahl
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

PAUL W. ASFAHL 3-31-95 407/478-0020
DATE ANYTIME AFTER