FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M95967** **(9)**

1. Corporation Name

K. HOVNANIAN AT HALF MOON BAY, INC.

Principal Place of Business	Mailing Address
% G. STEVEN BRANNOCK 1800 SO. AUSTRALIAN AVE., SUITE 400 WEST PALM BEACH FL 33409	% G. STEVEN BRANNOCK 1800 SO. AUSTRALIAN AVE., SUITE 400 WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified: **08/25/1988**

3a. Date of Last Report: **05/01/1995**

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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 _____ (NOTE: Registered Agent signature required if box 10 is checked) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	Vice President	☐ Change ☒ Addition
NAME	HOVNANIAN, KEVORK S.		12 NAME	G. Steven Brannock	
STREET ADDRESS	29 WARD AVENUE		13 STREET ADDRESS	1800 S. Australian Avenue, Suite 400	
CITY-ST-ZIP	RUMSON NJ		14 CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	HOVNANIAN, ARA K.		22 NAME		
STREET ADDRESS	29 WARD AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	RUMSON NJ		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MASON, TIMOTHY P.		32 NAME		
STREET ADDRESS	22 DEVON DRIVE		33 STREET ADDRESS		
CITY-ST-ZIP	PISCATAWAY NJ		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	REINHART, PETER S.		42 NAME		
STREET ADDRESS	4 BLUEBERRY LANE		43 STREET ADDRESS		
CITY-ST-ZIP	LEONARDO NJ		44 CITY-ST-ZIP		
TITLE	P	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	ASFAHL, PAUL W.		52 NAME		
STREET ADDRESS	1800 S AUSTRALIAN #400		53 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH. FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(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 added in an attachment with an address.

SIGNATURE: G. Steven Brannock 3/12/96 407-478-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #