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FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M95967 (9)

1. Corporation Name  
K. HOVNIANIAN 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 33409-8444

3. Date Incorporated or Qualified  
08/25/1988

3a. Date of Last Report  
03/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D HOVNIANIAN, KEVORK S. ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
29 WARD AVENUE  
RUMSON NJ

TITLE D HOVNIANIAN, ARA K. ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
29 WARD AVENUE  
RUMSON NJ

TITLE D MASON, TIMOTHY P. ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
22 DEVON DRIVE  
PISCATAWAY NJ

TITLE D REINHART, PETER S. ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
4 BLUEBERRY LANE  
LEONARDO NJ

TITLE VP BRANNOCK, STEVEN G ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
1800 S AUSTRALIAN #400  
W PALM BCH. FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Karl Reid Hotaling  
1800 S. Australian  
West Palm Beach, FL 33409

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl Reid Hotaling 4/14/97 (561) 478-0060

Date

Daytime Phone

CR2E034 (9/96)