

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95967

1. Entity 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 33409-6450

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2915380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HOVNANIAN, KEVORK S.	
STREET ADDRESS	29 WARD AVENUE	
CITY-ST-ZIP	RUMSON NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOVNANIAN, ARA K.	
STREET ADDRESS	29 WARD AVENUE	
CITY-ST-ZIP	RUMSON NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, TIMOTHY P.	
STREET ADDRESS	22 DEVON DRIVE	
CITY-ST-ZIP	PISCATAWAY NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	REINHART, PETER S.	
STREET ADDRESS	4 BLUEBERRY LANE	
CITY-ST-ZIP	LEONARDO NJ	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAPAPORT, JON	
STREET ADDRESS	1800 S AUSTRALIAN AVE #400	
CITY-ST-ZIP	W PALM BCH. FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jon Rapaport, President 4/26/00 561-337-1555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90084 045 ***150.00

80077925



DO NOT WRITE IN THIS SPACE

CR200004 09/99