

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90122 030 ***150.00

DOCUMENT # M95969

1. Corporation Name

K. HOVNIANIAN AT JACKSONVILLE II, INC.

Principal Place of Business

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

Mailing Address

% G. STEVEN BRADDOCK
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

4. FEI Number

22-2914590

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

9. Name and Address of Current Registered Agent

BRADDOCK, 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

☐ DELETE

TITLE D
NAME HOVNIANIAN, KEVORK S.
STREET ADDRESS 29 WARD AVENUE
CITY-ST-ZIP RUMSON NJ

TITLE D
NAME HOVNIANIAN, 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 HOTALING, KARL R.
STREET ADDRESS 1800 S AUSTRALIAN AVE, #400
CITY-ST-ZIP WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐

Change

☐

Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 REQUIRED
Jon Rapaport

Date

561-478-0060

Daytime Phone #

CR2E034 (1/98)