2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # M95969** 1. Entity Name K. HOVNANIAN AT JACKSONVILLE II, INC. Principal Place of Business Mailing Address % G. STEVEN BRADDOCK % G. STEVEN BRADDOCK 1800 SO. AUSTRALIAN AVE., SUITE 400 1800 SO. AUSTRALIAN AVE., SUITE 400 WEST PALM BEACH FL 33409-6450 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

BRADDOCK, G. STEVEN

WEST PALM BEACH FL

SUITE 400

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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1800 SO. AUSTRALIAN AVE.

9. This corporation is eligible to satisfy its intangible

29 WARD AVENUE

HOVNANIAN, ARA K.

MASON, TIMOTHY P.

REINHART, PETER S.

4 BLUEBERRY LANE

1800 S AUSTRALIAN AVE. #400

WEST PALM BEACH FL 33409

LEONARDO NJ

RAPAPORT, JON

22 DEVON DRIVE

PISCATAWAY NJ

29 WARD AVENUE

RUMSON NJ

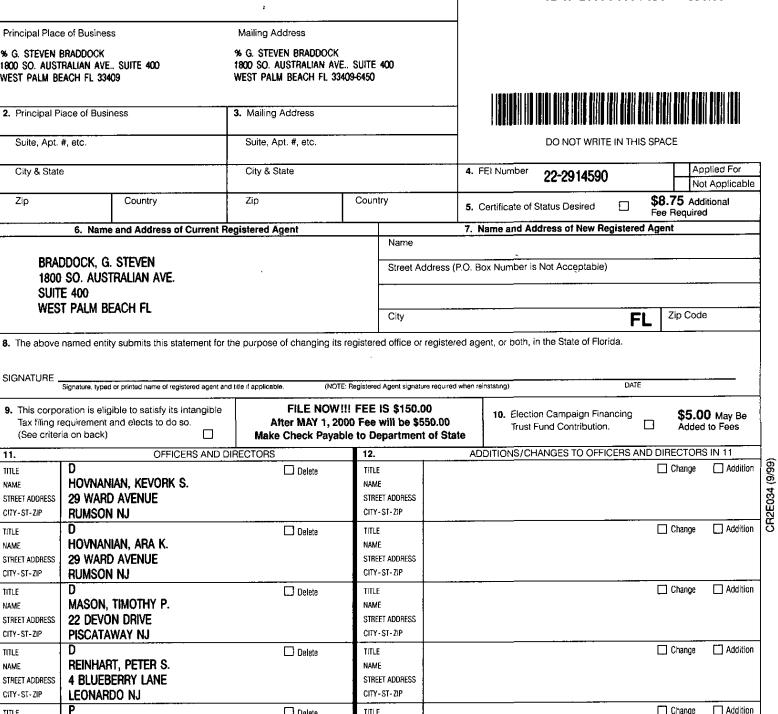
RUMSON NJ

HOVNANIAN, KEVORK S.

Tax filing requirement and elects to do so.

FILED Feb 09, 2000 8:00 am Secretary of State

02-09-2000 90004 036 ***150.00



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 poster 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.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

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STREET ADDRESS CITY-ST-ZIP

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DED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OF BE

1/12/00 Jon Rapaport, President

(561)478-0060

Change

☐ Addition