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Sep 15 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 # M98257 (2)

1. Corporation Name  
K. HOVNANIAN AT EMBASSY LAKES, INC.

Principal Place of Business  
1800 SO. AUSTRALIAN AVENUE, SUITE 400  
WEST PALM BEACH FL 33409

Mailing Address  
1800 SO. AUSTRALIAN AVENUE, SUITE 400  
WEST PALM BEACH FL 33409-6444



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1988		3a. Date of Last Report 03/25/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 22-2920201		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

BRANNOCK, G. STEVEN  
1800 SOUTH AUSTRALIAN AVENUE  
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	<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	VP	<input checked="" type="checkbox"/> DELETE
NAME	BRANNOCK, STEVEN G	
STREET ADDRESS	1800 S AUSTRALIAN AV 400	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REINHART, PETER S.	
STREET ADDRESS	4 BLUEBERRY LANE	
CITY-ST-ZIP	LEONARDO NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Karl Reid Hotaling	
1.3 STREET ADDRESS	1800 S. Australian Ave #400	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Karl Reid Hotaling*

Karl Reid Hotaling 4/14/97 (561) 478-8860

CR2E034 (9/96)