

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4: 31

DOCUMENT # **P12044 (4)**
1. Corporation Name
THE HIRAIR AND ANNA HOVNIANIAN FOUNDATION, INC.

Principal Place of Business Mailing Address
350 SOUTH OCEAN BLVD. APT 12B BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/06/1986** 3a. Date of Last Report **03/03/1994**
4. FEI Number **59-2714390** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**GART, DAVID
%CADWALADER, WICKERSHAM & TAFT
249 ROYAL PALM WAY
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent
81 Name **David A. Gart, Esquire
c/o Shutts & Bowen**
82 Street Address (P.O. Box Number is Not Acceptable) **250 Australian Avenue South**
83 Suite 500
84 City **West Palm Beach** FL 85 Zip Code **33401**

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 *David Gart* DATE **1/28/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HOVNIANIAN, HIRAIR
STREET ADDRESS	350 S OCEAN BLVD
CITY-ST-ZIP	BOCA RATON FL
TITLE	DT
NAME	HOVNIANIAN, ARMEN
STREET ADDRESS	600 NAVESINK RIVER ROAD
CITY-ST-ZIP	MIDDLETOWN NJ
TITLE	V
NAME	SAHAKIAN, SIRAN
STREET ADDRESS	600 NAVESINK RIVER RD.
CITY-ST-ZIP	MIDDLETOWN NJ
TITLE	V
NAME	HOVNIANIAN, LEELA
STREET ADDRESS	600 NAVESINK RIVER ROAD
CITY-ST-ZIP	MIDDLETOWN NJ
TITLE	S
NAME	HOVNIANIAN, TANYA
STREET ADDRESS	600 NAVESINK RIVER RD.
CITY-ST-ZIP	MIDDLETOWN NJ
TITLE	D
NAME	HOVNIANIAN, ANNA
STREET ADDRESS	350 S. OCEAN BLVD
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V <i>IN ADDITION - THE DIRECTOR</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOVNIANIAN, EDELE
1.3 STREET ADDRESS	600 NAVESINK RIVER ROAD
1.4 CITY-ST-ZIP	MIDDLETOWN, NJ. 07701
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), Florida Statutes. I further certify that the information included 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or not in accordance with an address.

SIGNATURE: *Anna Hovnianian* Chairman (908) 922-6100
Typed Name of Director or Officer