

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**NON PROFIT CORPORATION ANNUAL REPORT 1996**



FLOIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P 12044 (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** **350 SOUTH OCEAN BLVD, 12B BOCA RATON, FL 33432**

3. Date Incorporated or Qualified **11/6/86** 3a. Date of Last Report **02/03/95**

2. Principal Place of Business 2a. Mailing Address **c/o Hovsons Inc.**

4. FEI Number **59-2714390** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. **4000 Route 66**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. City & State 27. **Tinton Falls, NJ**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip Country 28. **07753 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24. Zip Country 25. 29. **07753 USA**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**Gart, David, Esq.  
c/o Shutts & Bowen  
Suite 500  
West Palm Beach, FL 33401**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the applicant. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE
NAME	HOVNIANIAN, HIRAIR	1.2 NAME
STREET ADDRESS	350 SOUTH OCEAN BLVD	1.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE
NAME	HOVNIANIAN, ARMEN	2.2 NAME
STREET ADDRESS	600 NAVESINK RIVER ROAD	2.3 STREET ADDRESS
CITY-ST-ZIP	MIDDLETOWN, NJ	2.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE
NAME	SAHAKIAN, SIRAN	3.2 NAME
STREET ADDRESS	600 NAVESINK RIVER RD	3.3 STREET ADDRESS
CITY-ST-ZIP	MIDDLETOWN, NJ	3.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE
NAME	HOVNIANIAN, LEELA	4.2 NAME
STREET ADDRESS	600 NAVESINK RIVER RD	4.3 STREET ADDRESS
CITY-ST-ZIP	MIDDLETOWN, NJ 07701	4.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE
NAME	HOVNIANIAN, TANYA	5.2 NAME
STREET ADDRESS	600 NAVESINK RIVER RD	5.3 STREET ADDRESS
CITY-ST-ZIP	MIDDLETOWN, NJ	5.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE
NAME	HOVNIANIAN, ANNA	6.2 NAME
STREET ADDRESS	350 S. OCEAN BLVD	6.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON, FL	6.4 CITY-ST-ZIP

**IN ADDITION - 7TH DIRECTOR**  Change  Addition  
**HOVNIANIAN, EDELE**  
**600 NAVESINK RIVER ROAD**  
**MIDDLETOWN, NJ 07701**

**100001777931**  
**04/12/96 01016-023**  Change  Addition  
**\*\*\*81.25**

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chairman **3/28/96 (908) 922-6100**  
**SG 4-11-96**

CR2E034 (12/95)