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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12044** (4)

1. Corporation Name

THE HIRAIR AND ANNA HOVNANIAN FOUNDATION, INC.

Principal Place of Business	Mailing Address
350 SOUTH OCEAN BLVD. APT 12B BOCA RATON FL 33432	C/O HOVSONS INC. 4000 ROUTE 68 TINTON FALLS NJ 07753



3. Date Incorporated or Qualified

11/06/1986

4. FEI Number

59-2714390

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country

24 Zip 25 Country 29 Zip 30 Country

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GART, DAVID A. ESQUI C
250 AUSTRALIAN AVENUE SOUTH
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 617.0502 and 617.1508, 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 617.0503, 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	VD	<input type="checkbox"/> DELETE
NAME	HOVNANIAN, EDELE	
STREET ADDRESS	600 NAVESINK RIVER ROAD	
CITY-ST-ZIP	MIDDLETOWN NJ	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	HOVNANIAN, ARMEN	
STREET ADDRESS	600 NAVESINK RIVER ROAD	
CITY-ST-ZIP	MIDDLETOWN NJ	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SAHAKIAN, SIRAN	
STREET ADDRESS	600 NAVESINK RIVER RD.	
CITY-ST-ZIP	MIDDLETOWN NJ	

TITLE	V	<input type="checkbox"/> DELETE
NAME	HOVNANIAN, LEELA	
STREET ADDRESS	600 NAVESINK RIVER ROAD	
CITY-ST-ZIP	MIDDLETOWN NJ	

TITLE	S	<input type="checkbox"/> DELETE
NAME	HOVNANIAN, TANYA	
STREET ADDRESS	600 NAVESINK RIVER RD.	
CITY-ST-ZIP	MIDDLETOWN NJ	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOVNANIAN, 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	7TH DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CS HOVNANIAN, HIRAIR	
1.3 STREET ADDRESS	600 NAVESINK RIVER ROAD	
1.4 CITY-ST-ZIP	MIDDLETOWN NJ 07753	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* CHAIRMAN 2/12/98 732-922-6100

CR2E037 (10/97)