| | FILE NOW: FIL | ING FEE IS \$61.25 | FILE | D | | |
|---|---|--|--|--|--|----------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90013 024 ****61.25 | | |
| i | MENT # P12044 | | | | | |
| THE HIF | rair and anna hovnania | n foundation, inc. | | • ¹ ¹ ¹ ¹ ¹ ¹ ¹ ⁹ ⁹ ⁹ ⁹ ⁹ ⁹ ¹ ⁹ | · · | |
| Principal Place 350 SOUTH 0 BOCA RATON | ICEAN BLVD. APT 12B | Mailing Address C/O HOVSONS INC. 4000 ROUTE 66 TINTON FALLS NJ 07753 | | | | |
| 2. Principal Place of Business 2a. Mailing Address 26 | | | | 3. Date Incorporated or Qualifed 11/06/1986 | | |
| | uite, Apt. #, etc. Suite, Apt. #, etc. | | | 4. FEI Number Applied For 59-2714390 - Not Applicable | | |
| · · | City & State City & State | | 5 Cartifacto of Status Desired Status Second | | Not Applicable \$8.75 Additional Fee Required | • |
| 23 Zip | Country | 28Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | - . |
| 24 | 25 9. Name and Address of Curren | 29 3 t Registered Agent | | 10. Name and Address of New Registered | | |
| 250 AUS SUITE 50 WEST PA | LM BEACH FL 33401 | of Florida, Such change was auti | 83 84 City orized by the corpora | Itreet Address (P.O. Box Number is Not Acceptable) | | |
| SIGNATURE | Signature, typed or printed name of registered agen | | agistered Agent signature requ | ared when reinstaling) DATE | | |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | Change Addition | <u>11/98)</u> |
| title Name | VD HOVNANIAN, EDELE | | 1.1 TITLE 1.2 NAME | OS HOUNANTAN HIGHI | و | E037 (|
| STREET ADDRESS | 600 NAVESINK RIVER ROAD MIDDLETOWN NJ | | 1.3 STREET ADDRESS | GOO NAVIOSINK RILING N | 2701 | CR2E |
| CITY-ST-ZIP TITLE | DT | | 2.1 TITLE | MISSIETCON NOT O | Change Additio | م ا |
| NAME STREET ADDRESS | HOVNANIAN, ARMEN 600 NAVESINK RIVER ROAD | | 2.3 STREET ADDRESS | | - | |
| CITY-ST-ZIP TITLE | MIDDLETON NJ | | 2. 4 CITY-ST-ZIP 3.1 TITLE | . <u></u> | Change Additio | on j |
| NAME | SAHAKIAN, SIRAN 600 NAVESINK RIVER RD. | | 3.2 NAME 3.3 STREET ADDRESS | | | |
| STREET ADDRESS | MIDDLETON NJ | | 3.4. CITY-ST-ZIP | | | |
| TITLE | V | DELETE | 4.1 TITLE | | Change Additio | n |
| NAME | HOVNANIAN, LEELA | | 4.2 NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | 600 NAVESINK RIVER ROAD MIDDLETON NJ | | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | | |
| TITLE | S | | 5.1 TITLE | | Change Additio | on |
| NAME | HOVNANIAN, TANYA | | 5.2 NAME 5.3 STREET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | 600 NAVESINK RIVER RD. MIDDLETON NJ | | 5.4 CITY-ST-ZIP | | | |
| TTLE | D | | 6.1 TITLE | · | Change Additio | n |
| NAME | HÖVNANIAN, ANNA | | 6.2 NAME | | | |
| STREET ADORESS CITY-ST-ZIP | 350 S. OCEAN BLVD BOCA RATON FL | | 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP | | 110 - 14 - 4 + - 1-5 41 | |
| 14. I hereby of indicated officer or | certify that the information supplied will on this annual report of supplemental director of the corporation of the recei | th this filing does not qualify for th annual report is true and accura iver or taste empowered to exe | te exemption stated in te and that my signatic cute this report as rec ther like emperior | n Section 119.07(3)(i), Florida Statutes. I further cerure shall have the same legal effect as if made und quired by Chapter 617, Florida Statutes; and that m | tify that the information er oath; that I am an ly name appears in | |
| Block 12 | | PRINTED NAME OF SIGNING OFFICE | HRED | - | 73-2-993 aytime Phone # | |
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