

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90013 024 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P12044

1. Corporation Name
THE HIRAIR AND ANNA HOVNIANIAN FOUNDATION, INC.

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

Mailing Address
 C/O HOVSONS INC.
 4000 ROUTE 66
 TINTON FALLS NJ 07753



11599159001324

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/06/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2714390	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24	25	29	30		

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			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVNIANIAN, EDELE	1.2 NAME	7TH DIRECTOR
STREET ADDRESS	600 NAVESINK RIVER ROAD	1.3 STREET ADDRESS	CB HOVNIANIAN HIRAIR
CITY-ST-ZIP	MIDDLETOWN NJ	1.4 CITY-ST-ZIP	600 NAVESINK RIVER ROAD
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVNIANIAN, LEELA	4.2 NAME	
STREET ADDRESS	600 NAVESINK RIVER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN NJ	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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 as an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** CHAIRMAN 1/8/99 732-902-55
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (1/98)