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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000020476 (6)**

1. Corporation Name

K. HOVNANIAN AT LAKES OF BOCA RATON, INC.

Principal Place of Business

**1800 S AUSTRALIAN AVE
SUITE 400
WEST PALM BEACH FL 33409**

Mailing Address

**1800 S AUSTRALIAN AVE
SUITE 400
WEST PALM BEACH FL 33409-6444**

3. Date Incorporated or Qualified

03/18/1993

3a. Date of Last Report

03/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

22-3230729

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**BRANNOCK, G S
1800 S AUSTRALIAN AVE
SUITE 400
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

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

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

VP

☒ DELETE

NAME

**BRANNOCK, STEVEN G
1800 S. AUSTRALIAN AVE, #400
WEST PALM BEACH FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**HOVNANIAN, ARA K
61 WHIPPORWILL VALLEY RD**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**MASON, TIMOTHY P
22 DEVON DR**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**BUCHANAN, PAUL W
8 BLUEBERRY LANE**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**REINHART, PETER S
2 BAYHILL RD**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**SCHIMPF, JOHN J
227 PELICAN RD**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**SCHIMPF, JOHN J
227 PELICAN RD**

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

President

☐ Change

☒ Addition

12 NAME

Karl Reid Hotaling

13 STREET ADDRESS

1800 S. Australian Ave #400

14 CITY - ST - ZIP

West Palm Beach, FL 33409

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl Reid Hotaling 4/14/97 (561) 478-0060

Date

Daytime Phone #

0302118

CR2E034 (9/96)