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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90122 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000020476

1. Corporation Name

K. HOVNIANIAN 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

29 **30**

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 **P** **XXDELETE**

NAME **HOTALING, KARL R**
STREET ADDRESS **1800 S AUSTRALIAN AVE, #400**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ DELETE

NAME **HOVNIANIAN, ARA K**
STREET ADDRESS **61 WHIPPOWILL VALLEY RD**
CITY-ST-ZIP **ATLANTIC HIGHLANDS NJ**

TITLE **D** ☐ DELETE

NAME **MASON, TIMOTHY P**
STREET ADDRESS **22 DEVON DR**
CITY-ST-ZIP **PISCATAWAY NJ**

TITLE **D** ☐ DELETE

NAME **BUCHANAN, PAUL W**
STREET ADDRESS **8 BLUEBERRY LANE**
CITY-ST-ZIP **LEONARDO NJ**

TITLE **D** ☐ DELETE

NAME **REINHART, PETER S**
STREET ADDRESS **2 BAYHILL RD**
CITY-ST-ZIP **LEONARDO NJ**

TITLE **D** ☒ DELETE

NAME **SCHIMPF, JOHN J**
STREET ADDRESS **227 PELICAN RD**
CITY-ST-ZIP **MIDDLETOWN NJ**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **Jon Rapaport**
1.3 STREET ADDRESS **1800 S. Australian Ave, #400**
1.4 CITY-ST-ZIP **West Palm Beach, FL 33409**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Jon Rapaport

Date

561-478-0060
Daytime Phone #

CR2E034 (11/98)