FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 11:50

DOCUMENT # **P93000040461 (4)**

1. Corporation Name
K. HOVNANIAN AT LAKE CHARLESTON II, INC.

Principal Place of Business	Mailing Address
1800 S AUSTRALIAN AVE SUITE 400 WEST PALM BEACH FL 33409	1800 S AUSTRALIAN AVE SUITE 400 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/08/1993
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 22-3240225 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
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 _____ 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	D	1.1 TITLE	P ☐ Change ☒ Addition
NAME	HOVNANIAN, KEVORK S	1.2 NAME	Asfahl, Paul W.
STREET ADDRESS	362 VIA LINDA	1.3 STREET ADDRESS	1800 S. Australian Ave #400
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HOVNANIAN, ARA K	2.2 NAME	
STREET ADDRESS	61 WHIPPORWILL VALLEY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC HIGHLANDS NJ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MASON, TIMOTHY P	3.2 NAME	
STREET ADDRESS	22 DEVON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY NJ	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BUCHANAN, PAUL W	4.2 NAME	
STREET ADDRESS	8 BLUEBERRY LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEONARDO NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	REINHART, PETER S	5.2 NAME	
STREET ADDRESS	2 BAYHILL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEONARDO NJ	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHIMPF, JOHN J	6.2 NAME	
STREET ADDRESS	227 PELICAN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN NJ	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Paul W. Asfahl 1/25/95 (407) 478-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240276 CP