

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000040461 (4)

1. Corporation Name

K. HOVNANIAN AT LAKE CHARLESTON II, 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

06/08/1993

3a. Date of Last Report

01/30/1995

4. FEI Number

22-3240225

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

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

(If "C" Registered Agent's signature is required when filing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS           | CITY - ST - ZIP       | <input type="checkbox"/> DELETE |
|-------|---------------------|--------------------------|-----------------------|---------------------------------|
| D     | HOVNANIAN, KEVORK S | 362 VIA LINDA            | PALM BEACH FL         |                                 |
| D     | HOVNANIAN, ARA K    | 61 WHIPPORWILL VALLEY RD | ATLANTIC HIGHLANDS NJ |                                 |
| D     | MASON, TIMOTHY P    | 22 DEVON DR              | PISCATAWAY NJ         |                                 |
| D     | BUCHANAN, PAUL W    | 8 BLUEBERRY LN           | LEONARDO NJ           |                                 |
| D     | REINHART, PETER S   | 2 BAYHILL RD             | LEONARDO NJ           |                                 |
| D     | SCHIMPF, JOHN J     | 227 PELICAN RD           | MIDDLETOWN NJ         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE      | 1.2 NAME           | 1.3 STREET ADDRESS                   | 1.4 CITY - ST - ZIP       | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|----------------|--------------------|--------------------------------------|---------------------------|---------------------------------|----------------------------------------------|
| Vice President | G. Steven Brannock | 1800 S. Australian Avenue, Suite 400 | West Palm Beach, FL 33409 |                                 |                                              |
| 2.1 TITLE      | 2.2 NAME           | 2.3 STREET ADDRESS                   | 2.4 CITY - ST - ZIP       | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 3.1 TITLE      | 3.2 NAME           | 3.3 STREET ADDRESS                   | 3.4 CITY - ST - ZIP       | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 4.1 TITLE      | 4.2 NAME           | 4.3 STREET ADDRESS                   | 4.4 CITY - ST - ZIP       | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 5.1 TITLE      | 5.2 NAME           | 5.3 STREET ADDRESS                   | 5.4 CITY - ST - ZIP       | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 6.1 TITLE      | 6.2 NAME           | 6.3 STREET ADDRESS                   | 6.4 CITY - ST - ZIP       | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Steven Brannock 3/12/96 407-478-0060

Date

Daytime Phone

CR2E034 (12/95)