

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000040461 (4)**  
1. Corporation Name  
**K. HOVNIANIAN AT LAKE CHARLESTON II, INC.**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/08/1993</b>	
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number <b>22-3240225</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BRANNOCK, G S 1800 S AUSTRALIAN AVE SUITE 400 WEST PALM BEACH FL 33409</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		<b>FL</b> 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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOVNIANIAN, KEVORK S</b>	1.2 NAME	
STREET ADDRESS	<b>362 VIA LINDA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOVNIANIAN, ARA K</b>	2.2 NAME	
STREET ADDRESS	<b>61 WHIPPOWILL VALLEY RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIC HIGHLANDS NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASON, TIMOTHY P</b>	3.2 NAME	
STREET ADDRESS	<b>22 DEVON DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PISCATAWAY NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCHANAN, PAUL W</b>	4.2 NAME	
STREET ADDRESS	<b>8 BLUEBERRY LN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEONARDO NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REINHART, PETER S</b>	5.2 NAME	
STREET ADDRESS	<b>2 BAYHILL RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEONARDO NJ</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHIMPF, JOHN J</b>	6.2 NAME	
STREET ADDRESS	<b>227 PELICAN RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIDDLETOWN NJ</b>	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.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl Reid Hotaling 2/1/98 (561)478-0060

Date

Daytime Phone #

0315153

CR2E034 (10/97)