

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000053226 (5)**

1. Corporation Name

**K. HOVNANIAN AT CAROLINA COUNTRY CLUB 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/29/1993**

3a. Date of Last Report

**04/22/1994**

4. FBI Number

**22-3247085**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 193.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 in printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <b>D</b>                        |
| NAME           | <b>HOVNANIAN, KEVORK S</b>      |
| STREET ADDRESS | <b>382 VIA LINDA</b>            |
| CITY-ST-ZIP    | <b>PALM BEACH FL</b>            |
| TITLE          | <b>D</b>                        |
| NAME           | <b>HOVNANIAN, ARA K</b>         |
| STREET ADDRESS | <b>61 WHIPPORWILL VALLEY RD</b> |
| CITY-ST-ZIP    | <b>ATLANTIC HIGHLANDS NJ</b>    |
| TITLE          | <b>D</b>                        |
| NAME           | <b>MASON, TIMOTHY P</b>         |
| STREET ADDRESS | <b>22 DEVON DR</b>              |
| CITY-ST-ZIP    | <b>PISCATAWAY NJ</b>            |
| TITLE          | <b>D</b>                        |
| NAME           | <b>BUCHANAN, PAUL W</b>         |
| STREET ADDRESS | <b>8 BLUEBERRY LANE</b>         |
| CITY-ST-ZIP    | <b>LEONARDO NJ</b>              |
| TITLE          | <b>D</b>                        |
| NAME           | <b>REINHART, PETER S</b>        |
| STREET ADDRESS | <b>2 BAYHILL RD</b>             |
| CITY-ST-ZIP    | <b>LEONARDO NJ</b>              |
| TITLE          | <b>D</b>                        |
| NAME           | <b>SCHIMPF, JOHN J</b>          |
| STREET ADDRESS | <b>227 PELICAN RD</b>           |
| CITY-ST-ZIP    | <b>MIDDELTOWN NJ</b>            |

|                    |                                    |                                                                              |
|--------------------|------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <b>P</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>Asfahl, Paul W.</b>             |                                                                              |
| 1.3 STREET ADDRESS | <b>1800 S. Australian Ave #400</b> |                                                                              |
| 1.4 CITY-ST-ZIP    | <b>West Palm Beach, FL 33409</b>   |                                                                              |
| 2.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                    |                                                                              |
| 2.3 STREET ADDRESS |                                    |                                                                              |
| 2.4 CITY-ST-ZIP    |                                    |                                                                              |
| 3.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                    |                                                                              |
| 3.3 STREET ADDRESS |                                    |                                                                              |
| 3.4 CITY-ST-ZIP    |                                    |                                                                              |
| 4.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                    |                                                                              |
| 4.3 STREET ADDRESS |                                    |                                                                              |
| 4.4 CITY-ST-ZIP    |                                    |                                                                              |
| 5.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                    |                                                                              |
| 5.3 STREET ADDRESS |                                    |                                                                              |
| 5.4 CITY-ST-ZIP    |                                    |                                                                              |
| 6.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                    |                                                                              |
| 6.3 STREET ADDRESS |                                    |                                                                              |
| 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 (073)(f), 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 067, 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

**Paul W. Asfahl 3-31-95 407/478-COLO**