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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33409-6444

3. Date Incorporated or Qualified
07/29/1993

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

22-3247085

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VP	BRANNOCK, STEVEN G	1800 S. AUSTRALIAN AVE, #400	WEST PALM BEACH FL	<input checked="" type="checkbox"/>
D	HOVNANIAN, ARA K	61 WHIPPORWILL VALLEY RD	ATLANTIC HIGHLANDS NJ	<input type="checkbox"/>
D	MASON, TIMOTHY P	22 DEVON DR	PISCATAWAY NJ	<input type="checkbox"/>
D	BUCHANAN, PAUL W	8 BLUEBERRY LANE	LEONARDO NJ	<input type="checkbox"/>
D	REINHART, PETER S	2 BAYHILL RD	LEONARDO NJ	<input type="checkbox"/>
D	SCHIMPF, JOHN J	227 PELICAN RD	MIDDLETOWN NJ	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
President	Karl Reid Hotaling	1800 S. Australian Ave #400	West Palm Beach, FL 33409	<input type="checkbox"/>
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>

14. I do 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 4/14/97 (561) 478-0060

Date

Daytime Phone #

0302122

CR2E034 (9/96)