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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000064250 (2)

K. HOVNANIAN AT WINSTON TRAILS 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 | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | |

FILED Mar 13 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | | |
|---|---|--|---|------------------------|--|----------------------------------|
| 1800 S AUSTRALIAN AVE 1800 S AUSTRALIAN AVE SUITE 400 SUITE 400 | | AVE | | | | |
| SUITE 400 West Palm | BEACH FL 33409 | WEST PALM BEACH | FL 33409 | | DO NOT WRITE IN TH | IS SPACE |
| | | *************************************** | . • • • • • • • • • • • • • • • • • • • | | 3. Date Incorporated or Qualified | |
| | | | | | 09/15/1993 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 22-3263587 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | 6. Objection of States 2001.00 | Fee Required |
| City & State | 0 | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | [28] | | | Trust Fund Contribution | Added to Fees |
| Zip 24 | Country | Zip | Coun | и у | 8. This corporation owes or has paid the | current year Intangible Yes No |
| 24 | 25 9. Name and Address of Curre | [29] ont Registered Agent | 30 | | Personal Property Tax due June 30. 10. Name and Address of New Register | |
| PD | ······································ | The state of the s | | 1 Name | 10. Harris and Mariage of them Hodigies. | |
| | ANNOCK, G S | | | | | |
| | 00 S AUSTRALIAN AVE ITE 400 | | [4 | 2 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| | ITE 400 EST PALM BEACH FL 33409 | | - h | 3 | | |
| 1 446 | ST PALM DEACH FL 33409 | | [| | | |
| | | | [6 | 4 City | | 85 Zip Code |
| 11 Purcuant | to the provisions of Sections 607.05 | 02 and 607 1508 Florida Sta | itutes the abr | we-named cor | poration submits this statement for the purpos | |
| office or re | egistered agent, or both, in the Stat | e of Florida, Such change wa | as authorized | by the corpora | ition's board of directors. I hereby accept the | appointment as registered |
| agent. I a | m familiar with, and accept the obliq | gations of, Section 607.0505, | Florida Statu | ies. | | |
| SIGNATURE | Signature, typed or posited native of registered as | and any table it and to take | Walt Bookstored | Canal pion abuto rodu | ired when reinstating) DAT | |
| 12. | | NO DIRECTORS | 13. | -Qerit BiQriatore requ | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | P | ☐ DELETE | 1.1 1111 | <u> </u> | | Change Addition |
| NAME | HOTALING, KARL R | | 1.2 NAM | ΙE | | |
| STREET ADDRESS | 1800 S AUSTRALIAN AVE, 4 | #400 | 1.3 STR | ET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 1.4 CITY | -ST-ZIP | | |
| TITLE | D | DELETE | 2.1 TITL | | | ☐ Change ☐ Addition |
| NAME | HOVNANIAN, ARA K | | 2.2 NAM | E | | |
| STREET ADDRESS | 61 WHIPPORWILL VALLEY F | ROAD | 2 3 STA | ET ADDRESS | | |
| CITY-ST-2IP | ATLANTIC HIGHLANDS NJ | | 2 4 CiT | (-ST-ZIP | | |
| TITLE | В | DELETE | 3.1 TITL | | | ☐ Change ☐ Addition |
| NAME | MASON, TIMOTHY P | | 3.2 NAM | E | | |
| STREET ADDRESS | 22 DEVON DRIVE | | 3.3 S1R | ET ADDRESS | | |
| CITY-ST-ZIP | POSCATAWAY NJ | | 3.4. CIT | (-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 41 TITL | : | | ☐ Change ☐ Addition |
| NAME | BUCHANAN, PAUL W | | 4. 2 NAI | AE . | | |
| STREET ADDRESS | 8 BLUEBERRY LANE | | 4.3 STR | ET ADDRESS | | |
| CITY-ST-ZIP | LEONARDO NJ | | | -ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITL | | | Change Addition |
| NAME | REINHART, PETER S | | 5.2 NAM | E | | |
| STREET ADDRESS | 2 BAYHILL ROAD | | 5 3 \$TR | ET ADDRESS | | |
| CITY-ST-ZIP | LEONARDO NJ | | | - ST- ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITL | | | Change Addition |
| NAME | SCHIMPF, JOHN J | | 62 NAM | E | | |
| STREET ADDRESS | 227 PELICAN ROAD | | 63 STRI | ET ADDRESS | | |
| CITY-ST-ZIP | MIDDLETON NJ | | 6.4 City | - ST - ZIP | | |

14. Thereby 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 or an attricture of the receiver or trustee.

SIGNATURE:

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