

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
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000082321 (9)**

1. Corporation Name

K. HOVNIANIAN AT PEMBROKE SHORES, 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

12/02/1993

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

22-3273708

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

25

29

Zip

30

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 **D** ☐ DELETE

NAME **MASON, TIMOTHY P**
STREET ADDRESS **22 DEVON DRIVE**
CITY-ST-ZIP **PISCATAWAY NJ**

TITLE **D** ☐ DELETE

NAME **REINHART, PETER S**
STREET ADDRESS **2 BAYHILL ROAD**
CITY-ST-ZIP **LEONARDO NJ**

TITLE **D** ☐ DELETE

NAME **BUCHANAN, PAUL W**
STREET ADDRESS **8 BLUEBERRY LANE**
CITY-ST-ZIP **LEONARDO NJ**

TITLE **D** ☐ DELETE

NAME **SCHIMPF, JOHN J**
STREET ADDRESS **227 PELICAN ROAD**
CITY-ST-ZIP **MIDDLETON NJ**

TITLE **P** ☐ DELETE

NAME **HOTALING, KARL R**
STREET ADDRESS **1800 S AUSTRALIAN AVE, #400**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

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

CR2E034 (10/97)