

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90099 018 ***150.00

DOCUMENT # P94000001995

1. Corporation Name

K. HOVNANIAN AT COCONUT CREEK, INC.

Principal Place of Business

1800 SOUTH AUSTRALIAN AVENUE
STE. 400
WEST PALM BEACH FL 33409

Mailing Address

1800 SOUTH AUSTRALIAN AVENUE
STE. 400
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1994

4. FEI Number

22-3275859

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANNOCK, G S
1800 SOUTH AUSTRALIAN AVENUE
STE. 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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

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

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Jon Rapaport
1.3 STREET ADDRESS 1800 S. Australian Ave, #400
1.4 CITY-ST-ZIP West Palm Beach, FL 33409

TITLE D ☐ DELETE

NAME HOVNANIAN, ARA K
STREET ADDRESS 61 WHIPPOWILL VALLEY ROAD
CITY-ST-ZIP ATLANTIC HIGHLANDS NJ

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jon Rapaport

Date

561-478-0060
Daytime Phone #

CR2E034 (11/98)

0027566