

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005769 (2)

1. Corporation Name

K. HOVNANIAN AT POLO TRACE, 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

01/25/1994

3a. Date of Last Report

4. FEI Number

22-3284165

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

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

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 date of application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☒ Addition
1.2 NAME	Asfahl, Paul W.	
1.3 STREET ADDRESS	1800 S. Australian Ave #400	
1.4 CITY - ST - ZIP	West Palm Beach, FL 33409	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Paul W. Asfahl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL W. ASFAHL 3-31-95 407/478-0060