

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

DOCUMENT # P94000005769

1. Corporation Name
K. HOVNIANIAN 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

APPROVED
AND
FILED

99 JAN 19 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/25/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		22-3284165	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BRANNOCK, G S 1800 S AUSTRALIAN AVE SUITE 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							
TITLE	P	HOTALING, KARL R		<input checked="" type="checkbox"/> DELETE			
NAME	1800 S AUSTRALIAN AVE, #400						
STREET ADDRESS	WEST PALM BEACH FL						
CITY-ST-ZIP							
TITLE	D	HOVNIANIAN, ARA K		<input type="checkbox"/> DELETE			
NAME	61 WHIPPOWILL VALLEY RD						
STREET ADDRESS	ATLANTIC HIGHLANDS NJ						
CITY-ST-ZIP							
TITLE	D	MASON, TIMOTHY P		<input type="checkbox"/> DELETE			
NAME	22 DEVON DR						
STREET ADDRESS	PISCATAWAY NJ						
CITY-ST-ZIP							
TITLE	D	BUCHANAN, PAUL W		<input type="checkbox"/> DELETE			
NAME	8 BLUEBERRY LANE						
STREET ADDRESS	LEONARDO NJ						
CITY-ST-ZIP							
TITLE	D	REINHART, PETER S		<input type="checkbox"/> DELETE			
NAME	2 BAYHILL RD						
STREET ADDRESS	LEONARDO NJ						
CITY-ST-ZIP							
TITLE	D	SCHIMPF, JOHN J		<input checked="" type="checkbox"/> DELETE			
NAME	227 PELICAN RD						
STREET ADDRESS	MIDDLETOWN NJ						
CITY-ST-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE	P	Jon Rapaport		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	1800 S Australian Ave, #400						
1.3 STREET ADDRESS	West Palm Beach, FL 33409						
1.4 CITY-ST-ZIP							
2.1 TITLE			800002752168--3		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			-01/22/93--01112--015				
2.3 STREET ADDRESS			***150.00 ***150.00				
2.4 CITY-ST-ZIP							
3.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

561-478-0060

CR2E034 (11/98)

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