

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

FILED  
Mar 13 1998 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                           |
|------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **P94000047110 (9)**

1. Corporation Name

**K. HOVNANIAN AT BALLANTRAE, INC.**

Principal Place of Business

Mailing Address

**1800 SOUTH AUSTRALIAN AVE.  
SUITE 400  
W PALM BEACH FL 33409**

**1800 SOUTH AUSTRALIAN AVE.  
SUITE 400  
W PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/23/1994**

4. FEI Number

**22-3309139**

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

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**BRANNOCK, G S  
1800 S. AUSTRALIAN AVE.  
SUITE 400  
W 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          | <b>P</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>HOTALING, KARL R</b>             |                                 |
| STREET ADDRESS | <b>1800 S AUSTRALIAN AVE, # 400</b> |                                 |
| CITY-ST-ZIP    | <b>WEST PALM BEACH FL</b>           |                                 |

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                         | <input type="checkbox"/> DELETE |
| NAME           | <b>HOVNANIAN, ARA K</b>          |                                 |
| STREET ADDRESS | <b>61 WHUPPORWILL VALLEY RD.</b> |                                 |
| CITY-ST-ZIP    | <b>ATLANTIC HIGHLANDS NJ</b>     |                                 |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | <b>D</b>                | <input type="checkbox"/> DELETE |
| NAME           | <b>MASON, TIMOTHY P</b> |                                 |
| STREET ADDRESS | <b>22 DEVON DRIVE</b>   |                                 |
| CITY-ST-ZIP    | <b>PISCATAWAY NJ</b>    |                                 |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | <b>D</b>                | <input type="checkbox"/> DELETE |
| NAME           | <b>BUCHANAN, PAUL W</b> |                                 |
| STREET ADDRESS | <b>8 BLUEBERRY LANE</b> |                                 |
| CITY-ST-ZIP    | <b>LEONARDO NJ</b>      |                                 |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>REINHART, PETER S</b> |                                 |
| STREET ADDRESS | <b>2 BAYHILL RD.</b>     |                                 |
| CITY-ST-ZIP    | <b>LEONARDO NJ</b>       |                                 |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | <b>D</b>               | <input type="checkbox"/> DELETE |
| NAME           | <b>SCHMIPF, JOHN J</b> |                                 |
| STREET ADDRESS | <b>227 PELICAN RD.</b> |                                 |
| CITY-ST-ZIP    | <b>MIDDLETOWN NJ</b>   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |

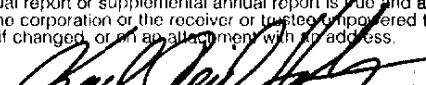
|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 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 my address.

SIGNATURE: 

Karl R. Hotaling 3/1/98 (561) 478-2862

CR2E034 (10/97)