

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90044 017 \*\*\*150.00

**DOCUMENT # P94000047110**

1. Entity Name

K. HOVNANIAN AT BALLANTRAE, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3309139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANNOCK, G S  
1800 S. AUSTRALIAN AVE.  
~~SUITE 400~~  
W PALM BEACH FL 33409

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 402

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS RAPAPORT, JON  
CITY-ST-ZIP 1800 S AUSTRALIAN AVE, # 400  
WEST PALM BEACH FL 33409

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HOVNANIAN, ARA K  
CITY-ST-ZIP 61 WHUPPORWILL VALLEY RD.  
ATLANTIC HIGHLANDS NJ

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MASON, TIMOTHY P  
CITY-ST-ZIP 22 DEVON DRIVE  
PISCATAWAY NJ

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS REINHART, PETER S  
CITY-ST-ZIP 2 BAYHILL RD.  
LEONARDO NJ

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

3/27/02  
Date

Daytime Phone #

CR2E034 (9/01)