

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000047110

1. Entity Name  
K. HOVNANIAN AT BALLANTRAE, INC.



Principal Place of Business  
10 HIGHWAY 35  
RED BANK, NJ 07701

Mailing Address  
10 HIGHWAY 35  
RED BANK, NJ 07701



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

KLINGER, DAN  
1800 S. AUSTRALIAN AVE.  
SUITE 401  
W PALM BEACH, FL 33409

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HOVNANIAN, ARA K
STREET ADDRESS	10 HWY 35
CITY-ST-ZIP	RED BANK, NJ 07701
TITLE	SVD
NAME	BUCHANAN, PAUL W
STREET ADDRESS	10 HWY 35
CITY-ST-ZIP	RED BANK, NJ 07701
TITLE	SSVD
NAME	REINHART, PETER S
STREET ADDRESS	10 HWY 35
CITY-ST-ZIP	RED BANK, NJ 07701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000224724  
02/11/05-80011-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcia Wines Marcia Wines, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05 732-212-2337

Date Daytime Phone #