

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047110

1. Entity Name

K. HOVNANIAN AT BALLANTRAE, INC.



**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90140 010 \*\*\*550.00

0145085 AB

Principal Place of Business

10 HIGHWAY 35  
RED BANK NJ 07701

Mailing Address

10 HIGHWAY 35  
RED BANK NJ 07701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRANNOCK, G S  
1800 S. AUSTRALIAN AVE.  
SUITE 402  
W PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME  
STREET ADDRESS 10 Hwy 35  
CITY-ST-ZIP Red Bank NJ 07701 ☒ Change ☐ Addition

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

TITLE SVD  
NAME  
STREET ADDRESS 10 Hwy 35  
CITY-ST-ZIP Red Bank, NJ 07701 ☒ Change ☐ Addition

TITLE SSVD  
NAME  
STREET ADDRESS 10 Hwy 35  
CITY-ST-ZIP Red Bank, NJ 07701 ☒ Change ☐ Addition

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

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

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:

*Signature of Peter S. Reinhart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-03

732-747-7800

Date

Daytime Phone #

CR2E034 (4/03)