


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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P94000073506 (5)		
1. Corporation Name K. HOVNANIAN FLORIDA REGION, 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 33409-8444
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1994	3a. Date of Last Report 03/25/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 22-3331674		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BRANNOCK, G S 1800 SOUTH AUSTRALIAN AVE. SUITE 400 W 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	BRANNOCK, G S	1.2 NAME	Karl Reid Hotaling				
STREET ADDRESS	1800 S. AUSTRALIAN AVE., #400	1.3 STREET ADDRESS	1800 S. Australian Ave #400				
CITY - ST - ZIP	WEST PALM BEACH FL	1.4 CITY - ST - ZIP	West Palm Beach, FL 33409				
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE					
NAME	HOVNANIAN, ARA K	2.2 NAME					
STREET ADDRESS	61 WHIPPORWILL VALLEY RD.	2.3 STREET ADDRESS					
CITY - ST - ZIP	ATLANTIC HIGHLANDS NJ	2.4 CITY - ST - ZIP					
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE					
NAME	MASON, TIMOTHY P	3.2 NAME					
STREET ADDRESS	22 DEVON DRIVE	3.3 STREET ADDRESS					
CITY - ST - ZIP	PISCATAWAY NJ	3.4 CITY - ST - ZIP					
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE					
NAME	BUCHANAN, PAUL W	4.2 NAME					
STREET ADDRESS	8 BLUEBERRY LANE	4.3 STREET ADDRESS					
CITY - ST - ZIP	LEONARDO NJ	4.4 CITY - ST - ZIP					
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE					
NAME	REINHART, PETER S	5.2 NAME					
STREET ADDRESS	2 BAYHILL ROAD	5.3 STREET ADDRESS					
CITY - ST - ZIP	LEONARDO NJ	5.4 CITY - ST - ZIP					
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE					
NAME	SCHIMPF, JOHN J	6.2 NAME					
STREET ADDRESS	227 PELICAN ROAD	6.3 STREET ADDRESS					
CITY - ST - ZIP	MIDDELTOWN NJ	6.4 CITY - ST - ZIP					

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl Reid Hotaling 4/14/97 (561) 478-0060

Date

Daytime Phone

CR2E034 (9/96)