FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000073508 (1)**

1. Corporation Name

K. HOVNANIAN SOUTHEAST FLORIDA, INC.

Principal Place of Business
1800 SOUTH AUSTRALIAN AVENUE
SUITE 400
W PALM BEACH FL 33409

Mailing Address
1800 SOUTH AUSTRALIAN AVENUE
SUITE 400
W PALM BEACH FL 33409

3. Date Incorporated or Qualified: **10/06/1994**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **22-3331675** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

BRANNOCK, G S
1800 SOUTH 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's signature is required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	ASFAHL, PAUL W	
STREET ADDRESS	1800 S. AUSTRALIAN AVE., #400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	☐ DELETE
NAME	HOVNANIAN, ARA K	
STREET ADDRESS	61 WHIPPORWILL VALLEY RD.	
CITY-ST-ZIP	ATLANTIC HIGHLANDS NJ	
TITLE	D	☐ DELETE
NAME	MASON, TIMOTHY P	
STREET ADDRESS	22 DEVON DRIVE	
CITY-ST-ZIP	PISCATAWAY NJ	
TITLE	D	☐ DELETE
NAME	BUCHANAN, PAUL W	
STREET ADDRESS	8 BLUEBERRY LANE	
CITY-ST-ZIP	LEONARDO NJ	
TITLE	D	☐ DELETE
NAME	REINHART, PETER S	
STREET ADDRESS	2 BAYHILL ROAD	
CITY-ST-ZIP	LEONARDO NJ	
TITLE	D	☐ DELETE
NAME	SCHIMPF, JOHN J	
STREET ADDRESS	227 PELICAN ROAD	
CITY-ST-ZIP	MIDDLETOWN NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	☐ Change ☒ Addition
1.2 NAME	G. Steven Brannock	
1.3 STREET ADDRESS	1800 S. Australian Avenue, Suite 400	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: G. Steven Brannock 3/12/96 407-478-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #