

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 # **P94000078647 (2)**

1. Corporation Name

K. HOVNANIAN AT INVERRARY I, 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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current 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 not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ASFAHL, PAUL W	
STREET ADDRESS	1800 S. AUSTRALIAN AVE, #400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOVNANIAN, ARA K	
STREET ADDRESS	61 WHIPPORWILL VALLEY RD.	
CITY-ST-ZIP	ATLANTIC HIGHLANDS NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASON, TIMOTHY P	
STREET ADDRESS	22 DEVON DRIVE	
CITY-ST-ZIP	PISCATAWAY NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCHANAN, PAUL W	
STREET ADDRESS	8 BLUEBERRY LANE	
CITY-ST-ZIP	LEONARDO NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REINHART, PETER S	
STREET ADDRESS	2 BAYHILL ROAD	
CITY-ST-ZIP	LEONARDO NJ	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Steven Brannock 3/12/96 407-478-0060

Date

Daytime Phone #

CR2E034 (12/95)