

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
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DOCUMENT # **P95000087284 (2)**

1. Corporation Name

K. HOVNANIAN AT BALLANTRAE ESTATES, INC.

Principal Place of Business

**1800 SOUTH AUSTRALIAN AVENUE #400
WEST PALM BEACH FL 33409**

Mailing Address

**1800 SOUTH AUSTRALIAN AVENUE #400
WEST PALM BEACH FL 33409-6444**

3. Date Incorporated or Qualified

11/14/1995

3a. Date of Last Report

03/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

22-3409425

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**BRANNOCK, G S
1800 SOUTH AUSTRALIAN AVENUE #400
WEST 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	HOVNANIAN, KEVORK S	
STREET ADDRESS	362 VIA LINDA	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOVNANIAN, ARA K	
STREET ADDRESS	61 WHIPPORWILL VALLEY ROAD	
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	REINHART, PETER S	
STREET ADDRESS	2 BAYHILL ROAD	
CITY-ST-ZIP	LEONARDO 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	SCHIMPF, JOHN J	
STREET ADDRESS	227 PELICAN ROAD	
CITY-ST-ZIP	MIDDLETON NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	President	
1.2 NAME	Karl Reid Hotaling	
1.3 STREET ADDRESS	1800 S. Australian Ave #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 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)