

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90099 031 ***150.00

DOCUMENT # P95000087284

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1995

4. FEI Number

22-3409425

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

TITLE ☐ DELETE

NAME HOVNANIAN, KEVORK S
STREET ADDRESS 362 VIA LINDA
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ DELETE

NAME HOVNANIAN, ARA K
STREET ADDRESS 61 WHIPPOWILL VALLEY ROAD
CITY-ST-ZIP ATLANTIC HIGHLANDS NJ

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME REINHART, PETER S
STREET ADDRESS 2 BAYHILL ROAD
CITY-ST-ZIP LEONARDO NJ

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME SCHIMPF, JOHN J
STREET ADDRESS 227 PELICAN ROAD
CITY-ST-ZIP MIDDLETON NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 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

52 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

62 NAME Jon Rapaport
6.3 STREET ADDRESS 1800 S. Australian Ave, #400
6.4 CITY-ST-ZIP West Palm Beach, FL 33409

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Jon Rapaport

Date

561-478-0060
Daytime Phone #

CR2E034 (11/98)

0327271