

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90044 016 ***150.00

DOCUMENT # P95000087284

1. Entity Name
K. HOVNANIAN AT BALLANTRAE ESTATES, INC

Principal Place of Business **Mailing Address**
1800 SOUTH AUSTRALIAN AVENUE #402 **1800 SOUTH AUSTRALIAN AVENUE #402**
WEST PALM BEACH FL 33409 **WEST PALM BEACH FL 33409**

2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. 402 **Suite, Apt. #, etc. 402**

City & State **City & State** **4. FEI Number** **22-3409425** **Applied For**
Zip **Country** **Zip** **Country** **5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
BRANNOCK, G S **Name**
1800 SOUTH AUSTRALIAN AVENUE #402 **Street Address (P.O. Box Number is Not Acceptable)**
WEST PALM BEACH FL 33409 **Suite 402**
City **FL** **Zip Code**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **(NOTE: Registered Agent signature required when reinstating)** **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** ☐ **\$5.00 May Be**
(See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** **Added to Fees**
Make Check Payable to Department of State

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|----------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HOVNANIAN, KEVORK S | | NAME | | |
| STREET ADDRESS | 362 VIA LINDA | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH FL | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HOVNANIAN, ARA K | | NAME | | |
| STREET ADDRESS | 61 WHIPPORWILL VALLEY ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | ATLANTIC HIGHLANDS NJ | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MASON, TIMOTHY P | | NAME | | |
| STREET ADDRESS | 22 DEVON DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PISCATAWAY NJ | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | REINHART, PETER S | | NAME | | |
| STREET ADDRESS | 2 BAYHILL ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEONARDO NJ | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BUCHANAN, PAUL W | | NAME | | |
| STREET ADDRESS | 8 BLUEBERRY LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEONARDO NJ | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RAPAPORT, JON | | NAME | | |
| STREET ADDRESS | 1800 S AUSTRALIAN AVE #400 | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | | CITY-ST-ZIP | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jon Rapaport 3/7/02 **DATE** 3/7/02 **Daytime Phone #** _____

CR2E034 (9/01)