

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 17 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000008326 (5)
 1. Corporation Name
K. HOVNIANIAN AT SUMMERS MILL, INC.

Principal Place of Business 1800 S. AUSTRALIAN AVE., STE. 400 WEST PALM BEACH FL 33409	Mailing Address 1800 S. AUSTRALIAN AVE., STE. 400 WEST PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/28/1997	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27		28		29	
29		30		31	

4. FEI Number applied for	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BRANNOCK, G. STEVEN
 222 LAKEVIEW AVE., STE. 260
 WEST PALM BEACH FL 33401**

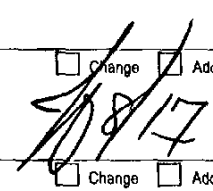
10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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.

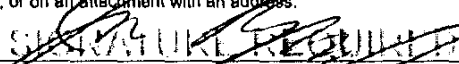
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOVNIANIAN, KEVORK S	1.2 NAME	Jon Rapaport
STREET ADDRESS	362 VIA LINDA	1.3 STREET ADDRESS	1800 S. Australian Avenue, Suite 400
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVNIANIAN, ARA K	2.2 NAME	
STREET ADDRESS	445 LOCUST POINT RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOCUST NJ	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, TIMOTHY P	3.2 NAME	
STREET ADDRESS	22 DEVON DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY NJ	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHART, PETER S	4.2 NAME	
STREET ADDRESS	2 BAYHILL RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEONARDO NJ	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, PAUL W	5.2 NAME	
STREET ADDRESS	8 BLUEBERRY LN.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEONARDO NJ	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIMPF, JOHN J	6.2 NAME	
STREET ADDRESS	227 PELICAN RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN NJ	6.4 CITY-ST-ZIP	

Signature:  DATE: **7/27/98**

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 ***550.00

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.

SIGNATURE:  Jon Rapaport 7/27/98 561-478-0060

REV 1/93

CR2E034 (5/98)