

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

DOCUMENT # **P97000008326 (5)**
1. Corporation Name

K. HOVNANIAN 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1997

4. FEI Number

applied for

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 or has paid the current year intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANNOCK, G. STEVEN
222 LAKEVIEW AVE., STE. 260
WEST PALM BEACH FL 33401

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DELETE

1.1 TITLE VP
1.2 NAME Jon Rapaport
1.3 STREET ADDRESS 1800 S. Australian Avenue, Suite 400
1.4 CITY-ST-ZIP West Palm Beach, FL 33409

Change Addition

TITLE D
NAME HOVNANIAN, ARA K
STREET ADDRESS 445 LOCUST POINT RD.
CITY-ST-ZIP LOCUST NJ

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME MASON, TIMOTHY P
STREET ADDRESS 22 DEVON DR.
CITY-ST-ZIP PISCATAWAY NJ

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME REINHART, PETER S
STREET ADDRESS 2 BAYHILL RD.
CITY-ST-ZIP LEONARDO NJ

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME BUCHANAN, PAUL W
STREET ADDRESS 8 BLUEBERRY LN.
CITY-ST-ZIP LEONARDO NJ

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME SCHIMPF, JOHN J
STREET ADDRESS 227 PELICAN RD.
CITY-ST-ZIP MIDDLETOWN NJ

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE REQUIRED

Jon Rapaport

7/27/98

561-478-0060

CR2E034 (5/98)