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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90099 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000077993

1. Corporation Name

K. HOVANIAN'S FOUR SEASONS OF THE PALM BEACHES, INC.

Principal Place of Business

1800 SOUTH AUSTRALIAN AVENUE
 SUITE 400
 WEST PALM BEACH FL 33409

Mailing Address

1800 SOUTH AUSTRALIAN AVENUE
 SUITE 400
 WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1998

4. FEI Number

22-3618584

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.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BRANNOCK, G. STEVEN
222 LAKEVIEW AVENUE
SUITE 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

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOVNANIAN, KEVORK S	
STREET ADDRESS	326 VIA LINDA	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOVNANIAN, ARA K	
STREET ADDRESS	445 LOCUST POINT ROAD	
CITY-ST-ZIP	LOCUST NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SORSBY, J. LARRY	
STREET ADDRESS	114 BALLANTINE ROAD	
CITY-ST-ZIP	MIDDLETOWN 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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jon Rapaport	
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 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:

Jon Rapaport
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-478-0060

Daytime Phone #

CR2E034 (1/98)