FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S00700** **(2)**

1. Corporation Name

K. HOVNANIAN REAL ESTATE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
% G. STEVEN BRANNOCK 1800 S. AUSTRALIAN AVE., SUITE 400 WEST PALM BEACH FL 33409	% G. STEVEN BRANNOCK 1800 S. AUSTRALIAN AVE., SUITE 400 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/19/1990**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0215569** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRANNOCK, G. STEVEN
1800 S. AUSTRALIAN AVE.
SUITE 400
WEST PALM BEACH FL

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 _____ 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	11 TITLE		☐ Change ☐ Addition
NAME	HOVNANIAN, KEVORK S.	12 NAME		
STREET ADDRESS	382 VIA LINDA	13 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MASON, TIMOTHY P.	22 NAME		
STREET ADDRESS	22 DEVON DR.	23 STREET ADDRESS		
CITY-ST-ZIP	PISCATAWAY NJ	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	HOVNANIAN, ARA K.	32 NAME		
STREET ADDRESS	61 WHIPPORWILL VALLEY RD	33 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC HIGHLAND NJ	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	REINHART, PETER S.	42 NAME		
STREET ADDRESS	2 BAYHILL ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	LEONARDO NJ	44 CITY-ST-ZIP		
TITLE	P	51 TITLE		☐ Change ☐ Addition
NAME	ASFAHL, PAUL W	52 NAME		
STREET ADDRESS	1800 S AUSTRALIAN AVE #400	53 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: PAUL W. ASFAHL 3-31-95 407/478-0060
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0248449 CP