

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/19/1990

3a. Date of Last Report

05/01/1995

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

10. Name and Address of New Registered Agent

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

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 or director if applicable.

(NOTE: Registered Agent signature required when not block)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HOVNANIAN, KEVORK S.  
STREET ADDRESS 362 VIA LINDA  
CITY-STATE-ZIP PALM BEACH FL ☐ DELETE

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

TITLE D  
NAME HOVNANIAN, ARA K.  
STREET ADDRESS 61 WHIPPORWILL VALLEY RD  
CITY-STATE-ZIP ATLANTIC HIGHLAND NJ ☐ DELETE

TITLE D  
NAME REINHART, PETER S.  
STREET ADDRESS 2 BAYHILL ROAD  
CITY-STATE-ZIP LEONARDO NJ ☐ DELETE

TITLE P  
NAME ASFAHL, PAUL W  
STREET ADDRESS 1800 S AUSTRALIAN AVE #400  
CITY-STATE-ZIP WEST PALM BEACH FL ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☐ Change ☒ Addition  
1.2 NAME G. Steven Brannock  
1.3 STREET ADDRESS 1800 S. Australian Avenue, Suite 400  
1.4 CITY-STATE-ZIP West Palm Beach, FL 33409 ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Steven Brannock 3/12/96 407-478-0060

Date

Signature Phone #

CR2E034 (12/95)