2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # S00700** Feb 07, 2000 8:00 am 1. Entity Name **Secretary of State** K. HOVNANIAN REAL ESTATE OF FLORIDA, INC. 02-07-2000 90028 040 ***150.00 Principal Place of Business Mailing Address % G. STEVEN BRANNOCK % G. STEVEN BRANNOCK 1800 S. AUSTRALIAN AVE., SUITE 400 1800 S. AUSTRALIAN AVE., SUITE 400 WEST PALM BEACH FL 33409-6450 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0215569 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRANNOCK, G. STEVEN Street Address (P.O. Box Number is Not Acceptable) 1800 S. AUSTRALIAN AVE. SUITE 400 WEST PALM BEACH FL Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE HOVNANIAN, KEVORK S. NAME STREET ADDRESS 362 VIA LINDA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL ☐ Delete Addition Change TITLE MASON, TIMOTHY P. NAME NAME 22 DEVON DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PISCATAWAY NJ CITY-ST-ZIF ☐ Change Addition Delete TITLE TITLE HOVNANIAN, ARA K. NAME NAME 61 WHIPPORWILL VALLEY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTIC HIGHLAND NJ ☐ Change ☐ Addition ☐ Delete TITLE TITLE RAPAPORT, JON NAME 1800 S AUSTRALIAN AVE #400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 report or supplemental port 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 apport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like expowered.

Collinson Rapaport, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

(561)478-0060

Daytime Phone #