

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S83685** (5)

1. Corporation Name  
**K. HOVNANIAN AT LAKE CHARLESTON, INC.**

Principal Place of Business  
**1800 S AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH FL 33409**

Mailing Address  
**1800 S AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH FL 33409-6444**

3. Date Incorporated or Qualified <b>09/30/1991</b>	3a. Date of Last Report <b>03/25/1996</b>
4. FEI Number <b>22-3133152</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**BRANNOCK, G. STEVEN  
1800 S AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOVNANIAN, KEVORK S</b>	1.2 NAME	<b>Karl Reid Hotaling</b>
STREET ADDRESS	<b>362 VIA LINDA</b>	1.3 STREET ADDRESS	<b>1800 S. Australian Ave #400</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASON, TIMOTHY P</b>	2.2 NAME	
STREET ADDRESS	<b>22 DEVON DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PISCATAWAY NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOVNANIAN, ARA K</b>	3.2 NAME	
STREET ADDRESS	<b>61 WHIPPORWILL VALLEY RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIC HIGHL NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REINHART, PETER S</b>	4.2 NAME	
STREET ADDRESS	<b>2 BAYHILL ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEONARDO NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANNOCK, STEVEN G</b>	5.2 NAME	
STREET ADDRESS	<b>1800 S AUSTRALIAN AV 400</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

APPROVED  
AND  
FILED

97 SEP 11 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (9/96)