

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V32718** (1)
1. Corporation Name
NEW K. HOVNANIAN DEVELOPMENTS OF FLORIDA, 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
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3. Date Incorporated or Qualified 04/30/1992	3a. Date of Last Report 03/25/1996
4. FEI Number 58-2003324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	
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 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	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOVNANIAN, KEVORK S	1.2 NAME	Karl Reid Hotaling
STREET ADDRESS	362 VIA LINDA	1.3 STREET ADDRESS	1800 S. Australian Ave #400
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVNANIAN, ARA K	2.2 NAME	
STREET ADDRESS	61 WHIPPORWILL VALLEY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC HIGHLAND NJ	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, TIMOTHY P	3.2 NAME	
STREET ADDRESS	22 DEVON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY NJ	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, PAUL W	4.2 NAME	
STREET ADDRESS	8 BLUEBERRY LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEONARDO NJ	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHART, PETER S	5.2 NAME	
STREET ADDRESS	2 BAYHILL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEONARDO NJ	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIMPF, JOHN J	6.2 NAME	
STREET ADDRESS	227 PELICAN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN NJ	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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl Reid Hotaling 4/14/97 (561) 478-0060

Date

Daytime Phone #

0902097

CR2E034 (9/96)