

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90122 024 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V32718**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/30/1992**

4. FEI Number

**58-2003324**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip 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

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

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

TITLE **D** ☐ DELETE  
NAME **HOVNANIAN, ARA K**  
STREET ADDRESS **61 WHIPPOWILL VALLEY RD**  
CITY-ST-ZIP **ATLANTIC HIGHLAND NJ**

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

TITLE **D** ☐ DELETE  
NAME **BUCHANAN, PAUL W**  
STREET ADDRESS **8 BLUEBERRY LN**  
CITY-ST-ZIP **LEONARDO NJ**

TITLE **D** ☐ DELETE  
NAME **REINHART, PETER S**  
STREET ADDRESS **2 BAYHILL RD**  
CITY-ST-ZIP **LEONARDO NJ**

TITLE **D** ☒ DELETE  
NAME **SCHIMPE, JOHN J**  
STREET ADDRESS **227 PELICAN RD**  
CITY-ST-ZIP **MIDDLETOWN NJ**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**Jon Rapaport**  
**1800 S Australian Ave #400**  
**West Palm Beach FL 33409**

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jon Rapaport**

**561-478-0060**

Date

Daytime Phone #

CR2E034 (11/98)