FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V47710** **(1)**

1. Corporation Name

K. HOVNANIAN TREASURE COAST, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1992
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 22-3188616 ☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ASFAHL, PAUL W.	12 NAME	
STREET ADDRESS	1800 S. AUSTRALIAN AVE., SUITE 400	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HOVNANIAN, ARA K	22 NAME	
STREET ADDRESS	61 WHIPPORWILL VALLEY RD	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC HILANDS NJ	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MASON, TIMOTHY P	32 NAME	
STREET ADDRESS	22 DEVON DR	33 STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY NJ	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BUCHANAN, PAUL W	42 NAME	
STREET ADDRESS	8 BLUEBERRY LN	43 STREET ADDRESS	
CITY-ST-ZIP	LEONARDO NJ	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	REINHART, PETER S	52 NAME	
STREET ADDRESS	2 BAYHILL RD	53 STREET ADDRESS	
CITY-ST-ZIP	LEONARDO NJ	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SCHIMPF, JOHN J	62 NAME	
STREET ADDRESS	227 PELICAN RD	63 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN NJ	64 CITY-ST-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)(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: P W Asfahl PAUL W. ASFAHL 3-31-95 407/478-0060
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0248447 CP