

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

FILED  
May 05 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V47710 (1)

1. Corporation Name

K. HOVNANIAN TREASURE COAST, 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 33409-64443. Date Incorporated or Qualified  
07/02/19923a. Date of Last Report  
03/25/1996

4. FEI Number

22-3188616

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	ASFAHL, PAUL W.	1800 S. AUSTRALIAN AVE., SUITE 400	WEST PALM BEACH, FL	<input checked="" type="checkbox"/>
D	HOVNANIAN, ARA K	61 WHIPPORWILL VALLEY RD	ATLANTIC HILANDS NJ	<input type="checkbox"/>
D	MASON, TIMOTHY P	22 DEVON DR	PISCATAWAY NJ	<input type="checkbox"/>
D	BUCHANAN, PAUL W	8 BLUEBERRY LN	LEONARDO NJ	<input type="checkbox"/>
D	REINHART, PETER S	2 BAYHILL RD	LEONARDO NJ	<input type="checkbox"/>
D	SCHIMPF, JOHN J	227 PELICAN RD	MIDDLETOWN NJ	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President	Karl Reid Hotaling	1800 S. Australian Ave #400	West Palm Beach, FL 33409	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

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 #

0002112

CR2E034 (9/96)