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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

DOCUMENT # **V47717** (6)
1. Corporation Name
K. HOVNANIAN AT CAROLINA COUNTRY CLUB I, 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 33409-8444**



3. Date Incorporated or Qualified 07/02/1992	3a. Date of Last Report 03/25/1996
4. FEI Number 22-3188607	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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	President
NAME	BRANNOCK, STEVEN G	1.2 NAME	Karl Reid Hotaling
STREET ADDRESS	1800 S. AUSTRALIAN AVE, #400	1.3 STREET ADDRESS	1800 S. Australian Ave #400
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D	2.1 TITLE	
NAME	HOVNANIAN, ARA K	2.2 NAME	
STREET ADDRESS	61 WHIPPORWILL VALLEY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC HILANDS NJ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
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	4.1 TITLE	
NAME	BUCANANA, 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	5.1 TITLE	
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	6.1 TITLE	
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: Karl Reid Hotaling **Karl Reid Hotaling** 4/14/97 (561) 478-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)