

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 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V47718 (4)
1. Corporation Name
K. HOVNANIAN AT CHAPEL TRAIL, INC.

Principal Place of Business Mailing Address
**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**

4. FEI Number **22-3188602** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ 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 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANNOCK, G STEVEN
1800 S AUSTRALIAN AVE
SUITE 400
WEST PALM BEACH FL 33409**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ASFAHL, PAUL W.**
STREET ADDRESS **1800 S. AUSTRALIAN AVE., SUITE 400**
CITY- ST - ZIP **WEST PALM BEACH, FL**

TITLE **D**
NAME **HOVNANIAN, ARA K**
STREET ADDRESS **61 WHIPPORWILL VALLEY RD**
CITY- ST - ZIP **ATLANTIC HILANDS NJ**

TITLE **D**
NAME **MASON, TIMOTHY P**
STREET ADDRESS **22 DEVON DR**
CITY- ST - ZIP **PISCATAWAY. MK**

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

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

TITLE **D**
NAME **SCHIMPF, 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

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 110.07(3)(b), 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

Paul W. Asfahl **3-31-95** **407/478-0060**