

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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**

**1800 S AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH FL 33409**

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

9. Name and Address of Current 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 with appointment)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE **D** ☐ DELETE  
NAME **SCHIMPF, JOHN J**  
STREET ADDRESS **227 PELICAN RD**  
CITY-STATE-ZIP **MIDDLETOWN NJ**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President** ☐ Change ☒ Addition  
1.2 NAME **G. Steven Brannock**  
1.3 STREET ADDRESS **1800 S. Australian Avenue, Suite 400**  
1.4 CITY-STATE-ZIP **West Palm Beach, FL 33409** ☐ Change ☐ Addition

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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)(k), 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

**G. Steven Brannock 3/12/96 407-478-0060**

DATE DAYTIME PHONE #

CR2E034 (12/95)