

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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **V47718** (4)

1. Corporation Name

**K. HOVNANIAN AT CHAPEL TRAIL, 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 33409-6444**

3. Date Incorporated or Qualified **07/02/1992** 3a. Date of Last Report **03/25/1996**

4. FEI Number **22-3188602** 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 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 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., SUITE 400	1.3 STREET ADDRESS	1800 S. Australian
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, MK	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	BUCHANAN, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Karl Reid Hotaling 4/14/97 (561) 478-0060**

Date

Daytime Phone #

0302163

CR2E034 (9/96)