#### Electronic Signature of Signing Authorized Person(s) Detail

#### 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L03000038757

Entity Name: K. HOVNANIAN WINDWARD HOMES, LLC

#### **Current Principal Place of Business:**

5439 BEAUMONT CENTER BOULEVARD SUITE 1010 TAMPA, FL 33634

### **Current Mailing Address:**

5439 BEAUMONT CENTER BOULEVARD SUITE 1010 TAMPA, FL 33634 US

# FEI Number: 20-0301995

#### Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# SIGNATURE:

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

| Title           | MGRM  | Title           | CEO   |
|-----------------|---|-----------------|---|
| Name            | HOVNANIAN DEVELOPMENTS OF                     | Name            | HOVNANIAN, ARA K                              |
| Address         | FLORIDA, INC.<br>110 WEST FRONT STREET        | Address         | 110 WEST FRONT STREET                         |
|                 |   | City-State-Zip: | RED BANK NJ 07701                             |
| City-State-Zip: | RED BANK NJ 07701                             |                 |   |
| Title           | CFO   | Title           | S   |
|                 |   | Name            | DISCAFANI, MICHAEL                            |
|                 | SORSBY, J. LARRY                              | Address         | 110 WEST FRONT STREET                         |
| Address         | 110 WEST FRONT STREET                         | City-State-Zip: | RED BANK NJ 07701                             |
| City-State-Zip: | RED BANK NJ 07701                             |                 |   |
|                 |   | Title           | VP  |
| Title P         | P   | Name            | CORACE, PAUL                                  |
| Name            | SCHULMEYER, GEORGE S                          | Address         | 5439 BEAUMONT CENTER<br>BOULEVARD, SUITE 1010 |
| Address         | 5439 BEAUMONT CENTER<br>BOULEVARD, SUITE 1010 |                 |   |
|                 |   | City-State-Zip: | TAMPA FL 33634                                |
| City-State-Zip: | TAMPA FL 33634                                |                 |   |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

# SIGNATURE: MARCIA WINES

VP-TAX ON BEHALF OF 04 MANAGING MEMBER

04/12/2013

Date

# Date

FILED Apr 12, 2013 Secretary of State CC4432440615

Certificate of Status Desired: No

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