

2015 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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	HOVNANIAN DEVELOPMENTS OF FLORIDA, INC.
Address	110 WEST FRONT STREET
City-State-Zip:	RED BANK NJ 07701

Title	CFO
Name	SORSBY, J. LARRY
Address	110 WEST FRONT STREET
City-State-Zip:	RED BANK NJ 07701

Title	P
Name	SCHULMEYER, GEORGE S
Address	5439 BEAUMONT CENTER BOULEVARD, SUITE 1010
City-State-Zip:	TAMPA FL 33634

Title	CEO
Name	HOVNANIAN, ARA K
Address	110 WEST FRONT STREET
City-State-Zip:	RED BANK NJ 07701

Title	S
Name	DISCAFANI, MICHAEL
Address	110 WEST FRONT STREET
City-State-Zip:	RED BANK NJ 07701

Title	VP
Name	CORACE, PAUL
Address	5439 BEAUMONT CENTER BOULEVARD, SUITE 1010
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARCIA WINESVP-TAX ON BEHALF OF
MANAGING MEMBER

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date