

1.) CORPORATION NAME:

DUE DATE: **1/31/2012**

K. Hovnanian Homes of Virginia, Inc.

SCC ID NO: **01243153**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4090 A LAFAYETTE CENTER

CITY/ST/ZIP: CHANTILLY, VA 20151-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CHRISTOPHER SPENDLEY
TITLE: SR VP
ADDRESS: 1802 BRIGHTSEAT ROAD
4TH FLOOR
CITY/ST/ZIP/CO: LANDOVER, MD 20785-

OFFICER

DIRECTOR

NAME: MARCIA WINES
TITLE: VP-TAX
ADDRESS: 110 WEST FRONT ST
CITY/ST/ZIP/CO: RED BANK, NJ 07701-

OFFICER

DIRECTOR

NAME: ARA K HOVNANIAN
TITLE: CHRMN/CEO
ADDRESS: 110 WEST FRONT ST
CITY/ST/ZIP/CO: RED BANK, NJ 07701-1139

OFFICER

DIRECTOR

NAME: TOM PELLERITO
TITLE: COO
ADDRESS: 4090 A LAFAYETTE CENTER DRIVE
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-

OFFICER

DIRECTOR

NAME: GARY CHANDLER
TITLE: VICE PRESIDENT
ADDRESS: 4090 A LAFAYETTE CENTER DR
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID VALIAVEEDAN TREASURER 110 WEST FRONT STREET RED BANK, NJ 07701-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN PELZ VP, Asst Secty 1802 BRIGHTSEAT ROAD 4TH FLOOR LANDOVER, MD 20785-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. LARRY SORSBY DIRECTOR 110 WEST FRONT STREET RED BANK, NJ 07701-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL DISCAFANI VP, Sec, CorpLegl 110 WEST FRONT STREET RED BANK, NJ 07701-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER THOMPSON GROUP PRESIDENT 1802 BRIGHTSEAT ROAD 4TH FLOOR LANDOVER, MD 20785-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ MARCIA WINES</u>	<u>MARCIA WINES, VP-TAX</u>	<u>1/17/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.