

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AV

DOCUMENT # A00000000399

1. Entity Name

NHPAHP CHASEWOOD APARTMENTS LIMITED PARTNERSHIP

02 APR 16 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1675 PALM BEACH LAKES BLVD., SUITE 1002 1675 PALM BEACH LAKES BLVD., SUITE 1002
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 65-0985790 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERBEY, JOHN R
1675 PALM BEACH LAKES BLVD., SUITE 1002
WEST PALM BEACH FL 33401

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000022111	STREET ADDRESS	
NAME	NHP AFFORDABLE HSNQ CORP.-CHASEWOOD APTS.	CITY-ST-ZIP	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., SUITE 1002		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *John P. Balser* By NHP Affordable Housing Corp. - Chasewood Apts. Its General Partner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date 2-8-02 Daytime Phone # 561-682-8000

CR2E003 (9/01)