

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**96 DEC 13 PM 3:57**

*\*1013*



1. Name of Limited Partnership

1a. **DOCUMENT #  
A95000001873**

**NHPAHP AFFORDABLE HOUSING II LIMITED PARTNERSHIP**

Mailing Address

**THE FORUM  
1675 PALM BEACH LAKES BLVD., SUITE 1002  
WEST PALM BEACH FL 33401**

Principal Office Address

**THE FORUM  
1675 PALM BEACH LAKES BLVD., SUITE 1002  
WEST PALM BEACH FL 33401**

3. Date Formed or Registered

**12/06/1995**

5a. Capital Contributions as Shown on record

**\$100.00**

3a. Date of Last Report

**02/26/1996**

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

**FL**

6. FEI Number

**65-0625675**

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

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

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

**FL**

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

**~~BERKLEY FEDERAL BANK & TRUS~~  
NAME CHANGE:  
OCWEN FEDERAL BANK FSB**

**1675 PALM BEACH LAKES  
BLVD.**

**WEST PALM BEACH FL 33401**

**OCWEN FEDERAL BANK  
IS A FEDERALLY  
CHARTERED SAVINGS  
BANK INCORPORATED  
UNDER THE LAWS OF  
THE UNITED STATES  
OF AMERICA AND  
THEREFORE DOES NOT  
NEED TO BE REGIS-  
TERED AS A GENERAL  
PARTNER IN THE  
STATE OF FL**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Stephen C. Wilhoit*

DATE **11-22-96**

**STEPHEN C. WILHOIT, SR. VICE PRESIDENT**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)