FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



NHP AFFORDABLE HOUSING PARTNERS 17, LIMITED PART

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

FLORIDA DEPARTMENT OF STATE
Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

an-or

1. Name of Limited Partnership

NERSHIP

1a. DOCUMENT # **A9600001434**

FILED

97 APR 25 AM 9: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Mailing Address 1675 PALM BEACH BLVD., SUITE 1002 WEST PALM BEACH FL 33401		Principal Office Address 1675 PALM BEACH BLVD., SUITE 1002 WEST PALM BEACH FL 33401		3. Date Formed or Registered 07/30/1996 38. Date of Last Report	58. Capital Contributions as Shown on record.
					5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation	to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number	Applied For Not Applicable
City & State		City & State		7. Certificate of Status Desired	
Zip Country		Zip Country			\$8.75 Additional Fee Required
		<u> </u>		8, Make check payable to: Dept. of	State (See reverse side for fee information)
	9 Name and Address of Current F	Paristered Anent		10 ത്രത്ത്യായത്ത്യ	
			10. □ 10. □ 10 10 10 10 10 10 10 10 10 10 10 10 10		
ERBEY, JOHN R			Street Address (P.O. Box Number is Not Acceptable ************************************		
1675 PALM BEACH LAKES BLVD., #1002 WEST PALM BEACH FL 33401					
WEST PALM BEACH PL 33401			Suite, Apt. #, etc.		
			City. 300002167633-0 -05/06/97F401077023		
the purpo I am fam	ose of changing its registered office or registered office or register with, and accept the obligations of sections are sections.	ered agent, or both, in the State of Florid	ned limited partne a. Such change w	rship organized or registered under the State of State as authorized by its general partner(s). I hereby to	accept the appointment of registered agent.
	istered Agent Accepting Appointment)	C A CODDODATION	LUUTCD	PARTNERSHIP OR OTHI	
AGENE	MUST	BE REGISTERED A	ND ACTIV	'E WITH THIS OFFICE.	EN BUSINESS ENTITY
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/
BERKELEY FEDERAL BANK & TRUS		1875 PALM BEACH LAKES		WEST PALM BEACH FL 33	OCWEN FEDERAL BANK FSB IS A FEDERALLY CHARTERED SAVINGS BANK INCORPORATED
PLEASE	SEE ATTACHED			ad a	CHARTERED SAVINGS BANK INCORPORATED
OCWEN	FEDERAL BANK FSB IS		1	May (all)	ANDRE THE TUBE OF
A NAME CHANGE ONLY, NOT				JULY ST YOU	THE UNITED STATES (AMERICA AN DITHEREFO
A CHANGE IN THE GENERAL				John String	DOES NOT NEED TO BE
PARTNE	JK.		•	returned have	REGISTERED A GENER
				ed.	PARTNER IN THE STA
7					OF FL
Nata: Ga	noral partners MAV NOT	he changed on this for	m en em	andment must be filed to ch	ange a general partner

12. 1 so 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

STEPHEN C. WILHOIT, SENIOR VICE PRESIDENT

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



Office of Thrift Supervision Department of the Treasury

Numbeast Regum

10 Exchange Place, 18th Flowr, Jersey City, NJ 07302 Telephone: (201) 413-1000 • Fax: (201) 413-7543

OTS Docket No. 4592

October 1, 1996

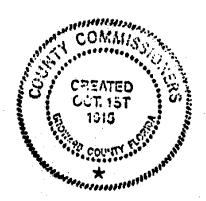
TO WHOM THIS MAY CONCERN:

This will certify and affirm that effective October 1, 1996, Berkeley Federal Bank and Trust FSB, Fort Lee, New Jersey, changed its corporate title to "Ocwen Federal Bank FSB."

This document may be reproduced without affecting the validity of the statements contained herein.

Douglas J. Cestone, Department Head Office of Thrift Supervision Department of the Treasury Northeast Regional Office

RECORDED IN THE OFFICIAL RECORDS BOOK OF BROWARD COUNTY, FLORIDA COUNTY ADMINISTRATOR



STATE OF FLORIDA BROWARD COUNTY

I HEREBY CERTIFY that the above and foregoing is a true and correct copy of Certificate.

as recorded under CFN 96-492191
WITNESS my hand and official seal in the City of Fort

Lauderdale, Fla. this 300 day of CEL AD, 1996 County Administrator

By <u>Stephane Patter</u> oc