

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000007680**

1. Entity Name  
**NATIONAL HOUSING TRUST - ENTERPRISE  
PRESERVATION CORPORATION**



Principal Place of Business  
**1101 30TH STREET, NW  
SUITE 400  
WASHINGTON, DC 20007**

Mailing Address  
**1101 30TH STREET, NW  
SUITE 400  
WASHINGTON, DC 20007**

**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**31-1662007**

|                |
|----------------|
| Applied For    |
| Not Applicable |

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                             |
|----------------|-----------------------------|
| TITLE          | CHRM                        |
| NAME           | BODAKEN, MICHAEL            |
| STREET ADDRESS | 1101 30TH STREET, SUITE 400 |
| CITY-ST-ZIP    | WASHINGTON, DC 20007        |

|                |                             |
|----------------|-----------------------------|
| TITLE          | PT                          |
| NAME           | BODAKEN, MICHAEL            |
| STREET ADDRESS | 1101 30TH STREET, SUITE 400 |
| CITY-ST-ZIP    | WASHINGTON, DC 20007        |

|                |                             |
|----------------|-----------------------------|
| TITLE          | VCHR                        |
| NAME           | CLAY, PHILLIP               |
| STREET ADDRESS | 1101 30TH STREET, SUITE 400 |
| CITY-ST-ZIP    | WASHINGTON, DC 20007        |

|                |                             |
|----------------|-----------------------------|
| TITLE          | VD                          |
| NAME           | HOEKMAN, SCOTT              |
| STREET ADDRESS | 1101 30TH STREET, SUITE 400 |
| CITY-ST-ZIP    | WASHINGTON, DC 20007        |

|                |                             |
|----------------|-----------------------------|
| TITLE          | D                           |
| NAME           | WILLIAMS, OWEN              |
| STREET ADDRESS | 1101 30TH STREET, SUITE 400 |
| CITY-ST-ZIP    | WASHINGTON, DC 20007        |

|                |                             |
|----------------|-----------------------------|
| TITLE          | S                           |
| NAME           | AMENT, GILLIAN              |
| STREET ADDRESS | 1101 30TH STREET, SUITE 400 |
| CITY-ST-ZIP    | WASHINGTON, DC 20007        |

U00000735248  
05/10/07-80026-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Gillian E. Ament* - Gillian E. Ament, Secretary **4-23-07** **202-333-8931 ext 14**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #