

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90034 001 ***910.00

DOCUMENT # N01000004570

1. Entity Name
NHDC TRES LOMAS APARTMENTS, INC.



Principal Place of Business
2414 WESTMONT STREET
JACKSONVILLE, FL 32207

Mailing Address
10681 FOOTHILL BLVD
STE 220
RANCHO CUCAMONGA, CA 91730

66024847



07012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3728328	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee Is \$61.25
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	EDD HILBERT, CHRISTOPHER M 10681 FOOTHILL BLVD STE 220 RANCHO CUCAMONGA, CA 91730
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PASQUAYE, ROBERT G 10681 FOOTHILL BLVD STE 220 RANCHO CUCAMONGA, CA 91730
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NWANODI, O A 10681 FOOTHILL BLVD STE 220 RANCHO CUCAMONGA, CA 91730
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**DO NOT WRITE
IN THIS SPACE**

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/05 (951) 291-1400