

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

2. Principal Place of Business
4343 Toland Way
Suite, Apt. #, etc.

3. Mailing Address
9065 Haven Ave.
Suite, Apt. #, etc.
Suite 1100 - Attn: T Tobin

City & State
Eagle Rock, CA

City & State
Rancho Cucamonga, CA

Zip Country
90041 USA

Zip Country
91730 USA

04202006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3728328

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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 May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE EDD
NAME HILBERT, CHRISTOPHER M ☐ Delete
STREET ADDRESS 10681 FOOTHILL BLVD STE 220
CITY-ST-ZIP RANCHO CUCAMONGA, CA 91730

TITLE SD
NAME PASQUAYE, ROBERT G ☐ Delete
STREET ADDRESS 10681 FOOTHILL BLVD STE 220
CITY-ST-ZIP RANCHO CUCAMONGA, CA 91730

TITLE TD
NAME NWANODI, O A ☐ Delete
STREET ADDRESS 10681 FOOTHILL BLVD STE 220
CITY-ST-ZIP RANCHO CUCAMONGA, CA 91730

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Robert Pasquaye

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 (909) 483-2444

Date

Daytime Phone #

FILED

06 MAY 15 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

