2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jul 20, 2005 8:00 am
Secretary of State
07-20-2005 90034 001 ***910.00

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1. Entity Name
NHDC SANDPIPER VILLAGE APARTMENTS, INC.

66024849

Principal Place of Business	Mailing Address
1650 MONCRIEF VILLAGE JACKSONVILLE, FL 32209	10681 FOOTHILL BLVD SUITE 220 RANCHO CUCAMONGA, CA 91730

07012005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3728330
☐ 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

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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 September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	NWANODI, O A
STREET ADDRESS	10681 FOOTHILL BLVD STE 220
CITY-ST-ZIP	RANCHO CUCAMONGA, CA 91730
TITLE	EDD
NAME	BURUM, JEFFREY S
STREET ADDRESS	10681 FOOTHILL BLVD STE 220
CITY-ST-ZIP	RANCHO CUCAMONGA, CA 91730
TITLE	SD
NAME	SUPNET, MARTHA A
STREET ADDRESS	10681 FOOTHILL BLVD STE 220
CITY-ST-ZIP	RANCHO CUCAMONGA, CA 91730
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 7/11/05 (909) 291-14a
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #