## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

North

SIGNATURE: 4

## FILED DOCUMENT # N01000004571 1. Entity Name 06 MAY 15 PM 2: 02 NHDC SANDPIPER VILLAGE APARTMENTS, INC. SEURETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1650 MONCRIEF VILLAGE 10681 FOOTHILL BLVD JACKSONVILLE, FL 32209 SUITE 220 RANCHO CUCAMONGA, CA 91730 2. Principa Pabe & Business old Haven رحارح Suite, Apt. #, etc. 04202006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3728330 City & State Applied For $\infty$ Not Applicable Count \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 Zip Code FL 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) DATÉ 9. Election Campaign Financing Filing Fee Is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD Delete TITLE FITLE ☐ Addition Change NWANODI O A NAME NAME STREET ADDRESS 10681 FOOTHILL BLVD STE 220 STREET ADDRESS CITY-ST-ZIP RANCHO CUCAMONGA, CA 91730 CITY-ST-ZIP EDD TITLE ☐ Delete TITLE Change ■ Addition BURUM, JEFFREY S NAME NAME STREET ADDRESS 10681 FOOTHILL BLVD STE 220 STREET ADDRESS RANCHO CUCAMONGA, CA 91730 CITY-ST-ZIP CITY-ST-7IP TATLE ☐ Delete TITLÉ Change ■ Addition NAME SUPNET, MARTHA A NAME **600075546496** 05/31/06--01010--011 \*\*70 STREET ADDRESS 10681 FOOTHILL BLVD STE 220 STREET ADDRESS CITY-ST-ZIP RANCHO CUCAMONGA, CA 91730 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

MARTHA A SWONET

NTED NAME OF SIGNING OFFICER OR DIRECTOR