

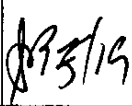
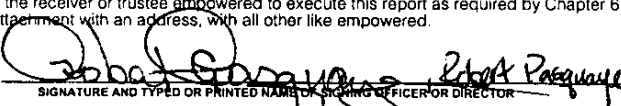


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000004730 1. Entity Name NHDC LA POSADA DEL REY APARTMENTS, INC.						FILED 06 MAY 15 PM 1:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10681 FOOTHILL DRIVE - SUITE 220 RANCHO CUCAMONGA, CA 91730				Mailing Address 10681 FOOTHILL BLVD STE 220 RANCHO CUCAMONGA, CA 91720			
2. Principal Place of Business 3135 Roosevelt Ave Suite, Apt. #, etc.		3. Mailing Address 9065 Haven Ave Suite, Apt. #, etc.					
City & State San Antonio, TX		City & State Rancho Cucamonga, CA		4. FEI Number 59-3728321		Applied For <input type="checkbox"/> Not Applicable	
Zip 78214		Country USA		Zip 91730		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04202006 Chg-NP CR2E037 (11/05)			
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDD HILBERT, CHRISTOPHER M <input type="checkbox"/> Delete 10681 FOOTHILL DRIVE, SUITE 220 RANCHO CUCAMONGA, CA 91730			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASQUAYE, ROBERT G <input type="checkbox"/> Delete 10681 FOOTHILL DRIVE, SUITE 220 RANCHO CUCAMONGA, CA 91730			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NWANODI, O. ANGIE <input type="checkbox"/> Delete 10681 FOOTHILL DRIVE, SUITE 220 RANCHO CUCAMONGA, CA 91730			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400075546584 05/31/06--01010--011 **700.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				Date 4-26-06		Daytime Phone # (909) 483-2444	