

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000024997 (6)**

1. Corporation Name

**NHPAHP AFFORDABLE HOUSING CORPORATION**

Principal Place of Business

**1675 PALM BCH. LAKES BLVD., STE 1002  
SUITE 1002  
WEST PALM BEACH FL 33401**

Mailing Address

**1675 PALM BCH. LAKES BLVD., STE 1002  
SUITE 1002  
WEST PALM BEACH FL 33401-2119**

3. Date Incorporated or Qualified <b>04/01/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0477876</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**ERBEY, JOHN R  
BERKELEY FEDERAL BANK & TRUST FSB  
515 N. FLAGLER DR., THE PAVILION, 4TH FLR.  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DC</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>M</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WISH, BARRY N</b>	1.2 NAME	<b>KOE, ROBERT E.</b>
STREET ADDRESS	<b>1675 PALM BCH. LAKES BLVD., STE 1002</b>	1.3 STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD. #1002</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	1.4 CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERBEY, WILLIAM</b>	2.2 NAME	
STREET ADDRESS	<b>1675 PALM BCH. LAKES BLVD., STE 1002</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	2.4 CITY-ST-ZIP	
TITLE	<b>MDS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERBEY, JOHN R</b>	3.2 NAME	
STREET ADDRESS	<b>1675 PALM BCH. LAKES BLVD., STE 1002</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	3.4 CITY-ST-ZIP	
TITLE	<b>MDCO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REICH, CHRISTINE A</b>	4.2 NAME	
STREET ADDRESS	<b>1675 PALM BCH. LAKES BLVD., STE 1002</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SVAS</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILHOIT, STEPHEN C</b>	5.2 NAME	<b>DAVIDSON, ROBERT C.</b>
STREET ADDRESS	<b>1675 PALM BCH. LAKES BLVD., STE 1002</b>	5.3 STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD. #1002</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	5.4 CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DLUTOWSKI, JOSEPH A</b>	6.2 NAME	
STREET ADDRESS	<b>1675 PALM BCH. LAKES BLVD., STE 1002</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**ROBERT C. DAVIDSON, VICE PRESIDENT**

561-681-8719

Date

Daytime Phone #

0296477

CR2E034 (9/96)