

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000092343 (9)**

1. Corporation Name

NHPAP AFFORDABLE HOUSING CORPORATION SFD 1



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified
12/05/1995

3a. Date of Last Report

4. FEI Number

65-0625242

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name
JOHN R. ERBEY

82 Street Address (P.O. Box Number is Not Acceptable)
1675 PALM BEACH LAKES BLVD., STE. 1002

84 City
WEST PALM BEACH

85 Zip Code
FL 33401

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 re-registering)

DATE

4/4/96

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ERBEY, WILLIAM C**
STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☐ DELETE
NAME **WISH, BARRY N**
STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **S** ☐ DELETE
NAME **ERBEY, JOHN R**
STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **S** ☐ DELETE
NAME **PERSIANI, JOHN**
STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **T** ☐ DELETE
NAME **REICH, CHRISTINE A**
STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **V** ☐ DELETE
NAME **MAYER, GARY L**
STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **M/S** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **SVP/AS** ☒ Change ☐ Addition
4.2 NAME **WILHOIT, STEPHEN C.**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **M/CFO** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

407-681-8000

Date

Daytime Phone #

CR2E034 (12/95)