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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000092343 (9)

1. Corporation Name

NHPAHP 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 33401-2119



3. Date Incorporated or Qualified

12/05/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0625242

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ERBEY, JOH R.
2675 PALM BEACH LAKES BLVD
SUITE 1002
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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ERBEY, WILLIAM C	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WISH, BARRY N	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	MS	<input type="checkbox"/> DELETE
NAME	ERBEY, JOHN R	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SVAS	<input checked="" type="checkbox"/> DELETE
NAME	WILHOIT, STEPHEN C.	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	MCFO	<input type="checkbox"/> DELETE
NAME	REICH, CHRISTINE A	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	M
2.3 STREET ADDRESS	KOE, ROBERT C.
2.4 CITY-ST-ZIP	1675 PALM BEACH LAKES BLVD., #1002 WEST PALM BEACH FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SVAS
4.3 STREET ADDRESS	DLUTOWSKI, JOSEPH A.
4.4 CITY-ST-ZIP	1675 PALM BEACH LAKES BLVD. #1002 WEST PALM BEACH FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	DAVIDSON, ROBERT C.
6.4 CITY-ST-ZIP	1675 PALM BEACH LAKES BLVD., #1002 WEST PALM BEACH FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE ROBERT C. DAVIDSON PRESIDENT

561-681-8719

Date

Daytime Phone #

0295485

CR2E034 (9/96)