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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90249 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000092343 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	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date incorporated or Qualified 12/05/1995		4. FEI Number 65-0625242	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes the current year intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	1.1 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME ROBERT C. DAVIDSON 1.3 STREET ADDRESS 1675 PALM BEACH LAKES BLVD. 1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE M <input checked="" type="checkbox"/> DELETE NAME KOE, ROBERT C. STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002 CITY-ST-ZIP 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 type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE SECRETARY <input type="checkbox"/> DELETE NAME ERBEY, JOHN R STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002 CITY-ST-ZIP 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 type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
TITLE SVAS <input checked="" type="checkbox"/> DELETE NAME DLUTOSKI, JOSEPH STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002 CITY-ST-ZIP WEST PALM BEACH FL	7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP		
TITLE PRESIDENT <input type="checkbox"/> DELETE NAME REICH, CHRISTINE A STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002 CITY-ST-ZIP WEST PALM BEACH FL	8.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP		
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	9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT C. DAVIDSON, VICE PRESIDENT

Date

561-682-8000

Daytime Phone #

CR2E034 (11/98)