PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092343

NHPAHP AFFORDABLE HOUSING CORPORATION SFD 1

Principal Place	e of Business	Mail	ling Address										/-		
1675 PALM BEA	ACH LAKES BLVD.	1675	PALM BEACH LAKES	BLVD.			1		•						
SUITE 1002			SUITE 1002					DO NOT WRITE IN THIS SPACE							
WEST PALM BEACH FL 33401 WEST PALM BEAC			T PALM BEACH FL 334	L 334U1			-	3. Date incorporated or Qualifed							
									5/1995	201100	•				
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	ace of Business	26	maining recursos						325242					pplicable	
21 Suite, Apt. I	# etc		Suite, Apt. #, etc.									\$8.75	5 Add	titional	
22	F, 616.	27	,					5. Certifo	ate of Statu	s Desired		Fee	Requ	ired	
City & State	9		City & State					s Election	n Campaigi	Financing	`o ·	\$5.0	0 ма	ay Be	
23	_	28					Ī		und Contril			Adde	id to i	ees	
Zip	Country		Zip	Col	nutry	,		8. This co	orporation 0	was tha cur	rent year inta	ingible		_	-
24	25	29		30					nal Property				<u></u>	No	
	9. Name and Address of Current	Registe	ered Agent				1	0. Name	and Addre	ss of New	Registered .	Agent			{
					81	Name									ĺ
	EY, JOH R.				82	Street	Address	(P.O. Box	Number is	Not Accept	iable)				1
	PALM BEACH LAKES BLVD														1
	E 1002				83										
	IT PALM BEACH FL 33401				84	City						85 Zi	ip Co	de	
ME2					احا	City					<u> </u>	1 1			۱.
	to the provisions of Sections 607.0502	and 60	7.1508, Florida Statute	s, the a	above	-named	corpora	tion submit	ts this state	ment for the	purpose of a	changing mentas	regis	gistered tered	
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607 Florida	7.1508, Florida Statute . Such change was at Section 607.0505, Flori	s, the a thorize ida Stat	above d by tutes	e-named the corpo	corporation's	don submit board of d	ts this state directors. 1 l	ment for the nereby acce	purpose of ept the appoir	changing ntment as	regis	gistered itered	
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WEST PALM BEACH FL 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 path; that I am an officer or director of the corporation or the receiver or trusted 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 open adactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

561-682-8000

Daysme Phone #

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90249 020 ***150.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT C. DAVIDSON, VICE PRESIDENT