

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90208 028 \*\*\*150.00

**DOCUMENT # P95000092348**

1. Entity Name  
**NHPAHP AFFORDABLE HOUSING CORPORATION SFD 2**

Principal Place of Business <b>1675 PALM BEACH LAKE BLVD., STE. 1002 WEST PALM BEACH FL 33401</b>	Mailing Address <b>1675 PALM BEACH LAKE BLVD., STE. 1002 ATTN: JOHN ERBEY WEST PALM BEACH FL 33401</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0625245**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERBEY, JOHN R.  
 1675 PALM BEACH LAKES BLVD.  
 SUITE 1002  
 WEST PALM BEACH FL 33401**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ERBEY, WILLIAM C</b> <b>1675 PALM BEACH LAKE BLVD., STE. 1002</b> <b>WEST PALM BEACH FL 33401</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DCEO</b> <b>ERBEY, WILLIAM C.</b> <b>1675 PALM BEACH LAKES BLVD.</b> <b>WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>ERBEY, JOHN R</b> <b>1675 PALM BEACH LAKE BLVD., STE. 1002</b> <b>WEST PALM BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>P</b> <b>REICH, CHRISTINE A</b> <b>1675 PALM BEACH LAKE BLVD., STE. 1002</b> <b>WEST PALM BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P</b> <b>FARIS, RONALD M.</b> <b>1675 PALM BEACH LAKES BLVD.</b> <b>WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>SVP</b> <b>BARNES, JOHN R</b> <b>1675 PALM BEACH LAKES BLVD</b> <b>WEST PALM BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SVP/CFO</b> <b>ZEIDMAN, MARK S.</b> <b>1675 PALM BEACH LAKES BLVD.</b> <b>WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V/T</b> <b>CZUCHANSKI, THOMAS J.</b> <b>1675 PALM BEACH LAKES BLVD.</b> <b>WEST PALM BEACH, FL 33401</b> (SEE ATTACHED LIST)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John R. Barnes SIGNATURE **JOHN R. BARNES** SENIOR VP 1/8/02 561-682-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)