


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0378035 AV

DOCUMENT # P95000092348

1. Entity Name
NHPAHP AFFORDABLE HOUSING CORPORATION SFD 2



FILED
03 JAN 23 AM 9:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
**1675 PALM BEACH LAKE BLVD., STE. 1002
WEST PALM BEACH FL 33401**

Mailing Address
**1675 PALM BEACH LAKE BLVD., STE. 1002
ATTN: JOHN ERBEY
WEST PALM BEACH FL 33401**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERBEY, WILLIAM C 1675 PALM BEACH LAKE BLVD., STE. 1002 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERBEY, JOHN R 1675 PALM BEACH LAKE BLVD., STE. 1002 WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REICH, CHRISTINE A 1675 PALM BEACH LAKE BLVD., STE. 1002 WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BARNES, JOHN R 1675 PALM BEACH LAKES BLVD WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600010424356 01/22/03--01079--008 **150.00
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"/> Change <input type="checkbox"/> Addition P RONALD M. FARIS 1675 PALM BEACH LAKES BLVD., WPB, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V MARK J. NICHOLS 1675 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VT ANDREW G. DOKOS 1675 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARK J. NICHOLS* **MARK J. NICHOLS** *1/8/03* **561-682-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)