

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000092351 (2)**

1. Corporation Name

**NHPAHP AFFORDABLE HOUSING CORPORATION SFD 3**



Principal Place of Business

**1675 PALM BEACH LAKES BLVD., STE. 1002  
WEST PALM BEACH FL 33401**

Mailing Address

**1675 PALM BEACH LAKES BLVD., STE. 1002  
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified

**12/05/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

81 Name

**JOHN R. ERBEY**

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

**1675 PALM BEACH LAKES BLVD., STE. 1002**

83

84 City

**WEST PALM BEACH**

**FL**

85 Zip Code  
**33401**

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/4/96**

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ERBEY, WILLIAM C</b>	
STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD., STE. 1002</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WISH, BARRY N</b>	
STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD., STE. 1002</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ERBEY, JOHN R</b>	
STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD., STE. 1002</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>PERSIANI, JOHN</b>	
STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD., STE. 1002</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>REICH, CHRISTINE A</b>	
STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD., STE. 1002</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MAYER, GARY L</b>	
STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD., STE. 1002</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-96**

**407-681-8000**

Date Daytime Phone #

CR2E034 (12/95)