## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999

1675 PALM BEACH LAKES BLVD., STE. 1002



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1675 PALM BEACH LAKES BLVD., STE. 1002

## DOCUMENT # P95000092351

Principal Place of Business

NHPAHP AFFORDABLE HOUSING CORPORATION SFD 3

WEST PALM BEACH FL 33401		WEST PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE				
					3. 0	Date Incorporated or Qualifed		<del></del>	
					1	12/05/1995			
2. Principal Pl	ace of Business	2a. Mailing Address		1	El Number		Ap	plied For	
21		26	26		6	<u> </u>		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75		
		27	27					Fee Re	quired
City & State		City & State	City & State		1	lection Campaign Financing	· 🖂	~ ~\$5.00	
23		28			1	rust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country	/	1	This corporation owes the curr	ent year Inta		
24	25	. <u></u>	30			Personal Property Tax.		∐ Yes	□No
	9. Name and Address of Curr	ent Registered Agent	81		10.	Name and Address of New I	registerea /	Agent	
EDDS	V IOHN B		61	Name					
erbey, John R. 1675 Palm Beach Lakes Blvd. Suite 1002			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	T PALM BEACH FL 33401	3011E 1002	_						
MES	I PALM DEACH FL 33401		83	1					
			84	City				85 Zip (	Code
				1 -	.,	· · · · · · · · · · · · · · · · · · ·	<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Star	502 and 607.1508, Florida Statute	s, the above	e-named co	orporation	submits this statement for the	purpose of ot the appoi	changing its ntment as re	registered aistered
agent. La	n familiar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statute	\$.	20010000				1
SIGNATURE									· .
SIGNATORE	Signature, typed or printed name of registered a	<u> </u>	Registered Age	nt signature req			DATE		
12.		AND DIRECTORS	13.	·	Al	DDITIONS/CHANGES TO OF	FICERS AN		RS IN 12
TITLE	D	☐ DELETÉ	1.1 TITLE			•		Change	[ Audilion
NAME	ERBEY, WILLIAM C		1.2 NAME						
STREET ADDRESS	s 1675 PALM BEACH LAKES BLVD., STE. 1002			1.3 STREET ADDRESS				•	
CITY-ST-ZIP	WEST PALM BEACH FL 3340	)1	1.4 CITY-1	ST-ZIP					
TITLE	М	XX DELETE	2.1 TITLE					Change	☐ Addition
NAME	KOE, ROBERT E.		2.2 NAME						
STREET ADDRESS	1675 PALM BCH LAKES BLV	D #1002	2.3 STREE	ET ADORESS					
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4 CITY-	ST-ZIP					
TITLE	xMSx SECRETARY	☐ DELETE	3.1 TITLE					Change	Addition
NAME	ERBEY, JOHN R		32 NAME						
STREET ADDRESS	1675 PALM BEACH LAKES E	BLVD., STE. 1002	3.3 STREE	ET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CITY-	ST-ZIP		•			
TITLE	SVPA	XX XPELETE	4,1 TITLE		•			Change	Addition
NAME	DŁUTOWSKI, JOSEPH A.		4. 2 NAME	:					
STREET ADDRESS	1675 PALM BEACH LAKES E	BLVD., STE. 1002	4.3 STREE	ET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL	·	4.4 CITY-	ST-ZIP					
TITLE	MCECK PRESIDENT	☐ DELETE	5.1 TITLE	1				Change	Addition
NAME	REICH, CHRISTINE A		5.2 NAME						
STREET ADDRESS	1675 PALM BEACH LAKES E	BLVD., STE. 1002	5.3 STREE	ET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL	· <b>,</b> - · <del>- ·</del>	5.4 CITY-	ST-ZIP					
TITLE	V	☐ DELETE	6.1 TITLE			<del></del>		Change	☐ Addition
NAME	DAVIDSON, ROBERT C.		6.2 NAME	j			•	•	
STREET ADDRESS	AASE BALLA BEARING AVER F	RLVD. STF. 1002	6.3 STREI	ET ADDRESS					
O LUCE   WOUNESS	TOTAL CONTRACTOR DESCRIPTION OF THE PROPERTY O		-						

WEST PALM BEACH FL CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE: \_

561-682-8000

**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90249 025 \*\*\*150.00