

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

037499 AV

**DOCUMENT # P95000092351**  
1. Entity Name  
**NHPAHP AFFORDABLE HOUSING CORPORATION SFD 3**



FILED

03 JAN 23 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
STE 10A  
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

Zip Country Zip Country

4. FEI Number **65-0625246**  
Applied For  
 Not Applicable

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>DCEO</b> <b>ERBEY, WILLIAM C</b> <b>1675 PALM BEACH LAKES BLVD., STE. 1002</b> <b>WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ERBEY, JOHN R</b> <b>1675 PALM BEACH LAKES BLVD</b> <b>WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FARIS, RONALD M</b> <b>1675 PALM BEACH LAKES BLVD</b> <b>WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>BARNES, JOHN R</b> <b>1675 PALM BEACH LAKES BLVD., STE. 1002</b> <b>WEST PALM BEACH FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPC</b> <b>ZEIDMAN, MARK S</b> <b>1675 PALM BEACH LAKES BLVD</b> <b>WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>CZOCHANSKI, THOMAS J</b> <b>1675 PALM BEACH LAKES BLVD</b> <b>WEST PALM BEACH FL 33401</b> <input checked="" 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 <b>700010423847</b> <b>01/22/03--01075--023 **150.00</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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V</b> <b>MARK J. NICHOLS</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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VT</b> <b>ANDREW G. DOKOS</b> <b>1675 PALM BEACH LAKES BLVD.</b> <b>WEST PALM BEACH, FL 33401</b>

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 information empowered.

SIGNATURE: *Mark J. Nichols* **NICHOLS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

561-682-8000  
Daytime Phone #

CR2E034 (10/02)