

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0375944 AV

DOCUMENT # **P95000092359**



1. Entity Name  
**NHPAHP AFFORDABLE HOUSING CORPORATION REHAB 1**

FILED

03 JAN 23 AM 9:01

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  
ATTN: JON ERBEY  
WEST PALM BEACH FL 33401**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0634899</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>ERBEY, JOHN R. 1675 PALM BEACH LAKES BLVD. SUITE 1002 WEST PALM BEACH FL 33401</b>				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. 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>DCEO</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ERBEY, WILLIAM C</b>			NAME			
STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD., STE. 1002</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>			CITY-ST-ZIP			
TITLE	<b>SVP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHEPRO, WILLIAM B</b>			NAME			
STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>			CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ERBEY, JOHN R</b>			NAME			
STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD., STE. 1002</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>			CITY-ST-ZIP			
TITLE	<b>SVP</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BARNES, JOHN R</b>			NAME	<b>MARK J. NICHOLS</b>		
STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD</b>			STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD.</b>		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>			CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>		
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FARIS, RONALD M</b>			NAME			
STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD., STE. 1002</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>			CITY-ST-ZIP			
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>VT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CZUCHANSKI, THOMAS J</b>			NAME	<b>ANDREW G. DOKOS</b>		
STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD</b>			STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD.</b>		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>			CITY-ST-ZIP	<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)(f), 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 things empowered.

SIGNATURE: Mark J. Nichols **MARKED NICHOLS** *1/21/03* **561-682-8000**

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

CR2E034 (10/02)