

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 # P95000093148 (1)

1. Corporation Name

NHPAP DEVELOPMENT CORP. II



Principal Place of Business

1675 PALM BEACH LAKES BLVD
SUITE 1002
WEST PALM BEACH FL 33401

Mailing Address

1675 PALM BEACH LAKES BLVD
SUITE 1002
WEST PALM BEACH FL 33401

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/07/1995

3a. Date of Last Report

4. FEI Number

65-0625671

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.
3953 W.W. KELLEY RD
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

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]

(Print Name of Registered Agent, if different from above)

Date

4/4/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME ERBEY, WILLIAM C.
1.3 STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME WISH, BARRY N.
2.3 STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

3.1 TITLE MS ☐ Change ☒ Addition
3.2 NAME ERBEY, JOHN R.
3.3 STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002
3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

4.1 TITLE SVPAS ☐ Change ☒ Addition
4.2 NAME WILHOIT, STEPHEN C.
4.3 STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002
4.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

5.1 TITLE MCFO ☐ Change ☒ Addition
5.2 NAME REICH, CHRISTINE A.
5.3 STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002
5.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

6.1 TITLE V ☐ Change ☒ Addition
6.2 NAME MAYER, GARY L.
6.3 STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002
6.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN C. WILHOIT SR. V.P. ASST. SEC.

4-4-96

407-681-8000

Date

Daytime Phone

CR2E034 (12/95)