

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0375990 AV

DOCUMENT # P95000093148

1. Entity Name  
NHPAHP DEVELOPMENT II CORPORATION



FILED

03 JAN 23 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
1675 PALM BEACH LAKES BLVD  
SUITE 1002 ATTN: JOHN ERBEY  
WEST PALM BEACH FL 33401

Mailing Address  
1675 PALM BEACH LAKES BLVD  
SUITE 1002 ATTN: JOHN ERBEY  
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0625671

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERBEY, JOHN R.  
1675 PALM BEACH LAKES BLVD  
SUITE 1002  
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(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 NAME STREET ADDRESS CITY-ST-ZIP  
SMDS ERBEY, JOHN R. ☐ Delete  
1675 PALM BEACH LAKES BLVD #1002  
WEST PALM BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
800010424338  
01/22/03--01079--007 \*\*150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
P REICH, CHRISTINE A ☒ Delete  
1675 PALM BEACH LAKES BLDV #1002  
WEST PALM BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
P RONALD M. FARIS ☒ Change ☐ Addition  
1675 PALM BEACH LAKES BLVD.  
WEST PALM BEACH, FL 33401

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DCEO ERBEY, WILLIAM C ☐ Delete  
1675 PALM BEACH LAKES BLVD., SUITE 1002  
W. PALM BEACH FL 33401

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
SVP BARNES, JOHN R ☒ Delete  
1675 PALM BEACH LAKES BLVD  
WEST PALM BEACH FL 33401

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
V MARK J. NICHOLS ☒ Change ☐ Addition  
1675 PALM BEACH LAKES BLVD.  
WEST PALM BEACH, FL 33401

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VT ANDREW G. DOKOS ☐ Change ☒ Addition  
1675 PALM BEACH LAKES BLVD.  
WEST PALM BEACH, FL 33401

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition

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 like empowered.

SIGNATURE: *Mark J. Nichols* NICHOLS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-682-8000

CR2E034 (10/02)