**FILED** 

Mar 11, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000042997

1. Corporation Name

NHPAHP AFFORDABLE HOUSING CORPORATION AZ 1

Principal Place of Business Mailing Address						r (Ballan tra taut antit antit antit antit aftit aftit aftit antit antit antit antit antit antit
1675 PALM BEACH LAKES BLVD. #1002 1675 PALM BEACH LAKES BL				1002	!	
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						05/20/1996
Principal Place of Business 2a. Mailing Address			s			4. FEI Number Applied For
21						65-0821940 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat		City & State				6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ıntry		This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current			au		10. Name and Address of New Registered Agent
				81	Name	•
ERBEY, JOHN R				82	Stroot /	Address (P.O. Box Number is Not Acceptable)
1675 PALM BEACH LAKES BLVD. #1002				02	Sueet	Address (F.O. Box Number is Not Acceptable)
WEST PALM BEACH FL 33401				83		
				84	City	FL 85 Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change	was authorized	a by	tne corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if paniscable	(NOTE: Registered	1 4000	t signature re	required when reinstating) DATE
12.	OFFICERS AND		13.	- Ago	. agratate /a	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELI		TLE	Ī	Change Addition
NAME	ERBEY, WILLIAM C		1.2 N	1.2 NAME		
STREET ADDRESS	ACT DALLE DELONE LAVES DIND. #4000			TREE1	ADDRESS	, i
CITY-ST-ZIP	WEST PALM BEACH FL 33401			1.4 CITY-ST-ZIP		
TITLE			ETE 2.1 TI	TLE		☐ Change ☐ Addition
NAME	CHRISTINE A. REICH		2.2 N	2.2 NAME		
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.		2.3 \$	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		2.40	2.4 CITY-ST-ZIP		·
TITLE	SECRETARY DELETE		ETE 3.1 TI	3.1 TITLE -		Change Addition
NAME	JOHN R. ERBEY		3.2 N	3.2 NAME		
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3.3 S	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL	33401	3.4. CI		T-ZIP	
TITLE	VICE PRESIDENT	☐ OELI	ETE 4.1 TI	ITLE		☐ Change ☐ Addition
NAME	ROBERT C. DAVIDSON		4.2 N	AME		
STREET ADDRESS			4.3 \$	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL			ITY-S	F-ZIP	
TITLE	· —	☐ DELI	ETE 5.1 T	MLE		. Change Addition

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

ure required SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

561-682-8000

Addition