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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Jun 18 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000043594 (6)

NHPAHP AFFORDABLE HOUSING CORPORATION TX3

Principal Place of Business		Mailing Address		I ISBIJADI IIR IBIJA BIJILI BBIJI BAYII DBI		
1675 PALM BEACH LAKES BLVD SUITE 1002 WEST PALM BEACH FL 33401		1675 PALM BEACH LAKES BLVD SUITE 1002				
		WEST PALM BEACH FL	WEST PALM BEACH FL 33401-2119			
	·			3. Date Incorporated or Qualified 05/16/1996	3a. Date of Last Report	
_	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 26		26			Not Applicable	
Sufte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
		27		C. Commond of clare bosines	Fee Required	
City & State		City & Stale		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25	29	30		Yes No	
9, Name and Address of Current Registered Agent EQUELY JOHN D. Bt No.				10. Name and Address of New Registered Agent		
ERBEY, JOHN R			81 Name			
1675 PALM BEACH LAKES BLVD			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 1002 WEST PALM BEACH FL 33401						
			83			
			84 City		85 Zip Code	
					FL The second	
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 a	m familiar with, and accept the obl	igations of, Section 607.0505, I	Florida Statutes.	polation of sparts of an estate of this leady about	prime appearance it as registered	
SIGNATURE			······································			
Signature, typed or printed name of registered agent and title if applicable (NOT 12. OFFICERS AND DIRECTORS			OTE: Registered Agent signature 13.	c required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	D DELETE		1,1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	ERBEY, WILLIAM C		1.2 NAME		C onlings E robition	
STREET ADDRESS 1676 PALM BEACH LAKES BLVI CITY-ST-ZIP WEST PALM BEACH FL 33401		RIVO SUITE 1002	1.3 STREET ADDRESS	:		
			1.4 CHY-ST-ZIP		ĺ	
TITLE	D	X DELETE	2.1 TITLE		Change Addition	
NAME	WISH, BARRY N		2.2 NAME	1	_ charge _ radiation	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.3 STREET ADDRESS 2 4 CITY-ST-ZIP		Į	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP	ĺ		
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS)		
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TiTLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
OUTCE ALLUMESS			5.3 STREET AUDITESS			

DELETE

61 HILE

6.2 NAME

14. I do 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 it 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 on an attachment with an address.