2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000058392 **DOCUMENT #** 1. Entity Name NHPAHP AFFORDABLE HOUSING CORPORATION TN1 Principal Place of Business Mailing Address 1675 PALM BEACH LAKES BOULEVARD 1675 PALM BEACH LAKES BOULEVARD

FILED

03 JAN 23 AM 9: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUITE 1002 WEST PALM E	BEACH FL 334	01	SUITE 1002 WEST PALM BEACH FL 33401									
2. Principal P	lace of Busin	ess	3. Mailing Address				! 					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	e		City & State			4.	4. FEI Number 65-0716230			Applied For Not Applicable		
Zip		Country	Zip	Coun	try	5.	Certificate of Stat	us Desired [75 Add Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
					Name							
ERBEY, JO	OHN R											
*		AKES BOULEVARD			Street Address (P.O. Box Number is Not Acceptable)							
SUITE 100		WILD DOCLETTIED										
					·							
WEST PAI	LM BEACH	FL 33401			City				FL 7	Zip Code		
						registered as	rent or both in th	a State of Florida		or with	and accept	
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.												
and dangement of regions at agont.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	Signature, typed	or printed name or registered agent and	d little if applicable. (NOTE	:: Hegistere	Agent signat	re required when r	reinstating)		DATE			
F	ILE NOW!!	FEE IS \$150.00					O Flooring (Compoine Ciegnoi	~~	de o	.	
Afte	May 1, 200	3 Fee will be \$550.00					1	Campaign Financi d Contribution.	ng 🗆		May Be to Fees	
Make Check Payable to Florida Department of State							il dati on	a Continuation.	_	Added	101000	
10.		OFFICERS AND D	RECTORS	11.		ΑI	DITIONS/CHAN	GES TO OFFICER	S AND DIR	ECTORS	IN 11	
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NAME	ERBEY, JOHN R			NAM.			_		_	v	_	
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CITY-ST-ZIP	WEST PALM BEACH FL 33401			CITY-								
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STREET ADDRESS		I BEACH LAKES BLVD			- et address						{	
CITY-ST-ZIP		M BEACH FL 33401		CITY	-ST-ZIP							
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					ST-ZIP		1675 PALM BEACH LAKES BLVD.					
40 11						LWEST PA	ALM BEACH	, FL 33401				

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 impowered.

SIGNATURE:

NECONOLIDIA SON THE DISCHOLS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-682-8000 Daytime Phone #