

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000064873 ✓
1. Corporation Name
NHPAHP AFFORDABLE HOUSING CORPORATION MICH 2

Principal Place of Business Mailing Address
1675 PALM BEACH LAKES BLVD. SUITE 1002 1675 PALM BEACH LAKES BLVD. SUITE 1002
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401

FILED
Sep 20, 1999 8:00 am
Secretary of State
09-20-1999 90007 024 ***550.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0850483	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ERBEY, JOHN R 1675 PALM BEACH LAKES BLVD, SUITE 1002 WEST PALM BEACH FL 33401		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERBEY, WILLIAM C	1.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD, SUITE 1002	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	
TITLE	MDS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERBEY, JOHN R	2.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICH, CHRISTINE A	3.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	SVPC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEIDMAN, MARK S	4.2 NAME	
STREET ADDRESS	1765 PALM BEACH LAKES BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-ZIP	
TITLE	SVPA <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DLUTOWSKI, JOSEPH A	5.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	5.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, JOHN R	6.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: John R. Barnes Sr. V.P. 9/7/99 561-682-8000

CR2E034 (5/99)

09/1999