

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03/5076 AV

DOCUMENT # P96000064873

1. Entity Name
NHPAHP AFFORDABLE HOUSING CORPORATION MICH 2



FILED

03 JAN 23 AM 9:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Mailing Address
ATTN: JOHN ERBEY
1675 PALM BEACH LAKES BLVD SUITE 1002
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 65-0850483

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700010424267
CITY-ST-ZIP 01/22/03--01079--004 **150.00

TITLE MDS
NAME ERBEY, JOHN R ☐ Delete
STREET ADDRESS 1675 PALM BEACH LAKES BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE S
NAME FARIS, RONALD M ☐ Delete
STREET ADDRESS 1675 PALM BEACH LAKES BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE SVPC
NAME ZEIDMAN, MARK S ☐ Delete
STREET ADDRESS 1765 PALM BEACH LAKES BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

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

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

TITLE VPT
NAME CZOCHANSKI, THOMAS J ☐ Delete
STREET ADDRESS 1675 PALM BEACH LAKES BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE V/T ☒ Change ☐ Addition
NAME ANDREW G. DOKOS
STREET ADDRESS 1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP WEST PALM 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 empowered.

SIGNATURE: *Mark J. Nichols* SIGNATURE REQUIRED NICHOLS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-682-8000

Daytime Phone #

CR2E034 (10/02)