


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0375918 AV

**DOCUMENT # P97000080519**

1. Entity Name  
**NHPAHP AFFORDABLE HOUSING CORPORATION TN3**



FILED

03 JAN 23 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1675 PALM BEACH LAKES BLVD., STE. 1002  
WEST PALM BEACH FL 33401**

Mailing Address  
**1675 PALM BEACH LAKES BLVD., STE. 1002  
ATTN: JOHN EVBEY  
WEST PALM BEACH FL 33401**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0786824**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ERBEY, JOHN R  
1675 PALM BEACH LAKES BLVD., STE. 1002  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	ERBEY, WILLIAM C	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	P	<input type="checkbox"/> Delete
NAME	FARIS, RONALD M	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	S	<input type="checkbox"/> Delete
NAME	ERBEY, JOHN R	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	BARNES, JOHN R	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	CZOCHANSKI, THOMAS J	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	ZEIDMAN, MARK S	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500010423375	
CITY-ST-ZIP	01/22/03--01075--012 **150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK J. NICHOLS	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW G. DOKOS	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 names empowered.

SIGNATURE: MARK J. NICHOLS DATE: 1/6/03 DAYTIME PHONE #: 561-682-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)