

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 27 PM 3:49
1130



1. Name of Limited Partnership
HOUSING ASSISTANCE OF MT. DORA, LTD.

1a. DOCUMENT #
A06329

2. Mailing Address
C/O NATIONAL HOUSING PARTNERSHIP
1225 EYE STREET, N.W.
WASHINGTON DC 20005

2a. Principal Office Address
C/O NATIONAL HOUSING PARTNERSHIP
1225 EYE STREET, N.W.
WASHINGTON DC 20005

3. Date Formed or Registered
02/20/1978

3a. Date of Last Report
12/29/1995

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record.
\$100.00

5b. Amount of Capital Contributions in FLORIDA to date

2. Mailing Address
8065 Leesburg Pike
Suite, Apt. #, etc. *Suite 400*
City & State *Vienna, VA*
Zip *22182* Country *U.S.A.*

2a. Principal Office Address
8065 Leesburg Pike
Suite, Apt. #, etc. *Suite 400*
City & State *Vienna, VA*
Zip *22182* Country *U.S.A.*

6. FEI Number
52-1880750 Applied For Not Applicable

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

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name _____

Street Address (P.O. Box Number if Not a Street) **100002048091--8**

Suite, Apt. #, etc. **-01/07/97--01085--014**

City **FL** Zip Code ******191.25 ****191.25**

10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CONDEV CORPPORATION	1215 LOUISIANA AVE	WINTER PARK FL	K45010
NATIONAL HOUSING PART	1225 EYE STREET <i>8065 Leesburg Pike</i>	WASHINGTON DC <i>Vienna, VA</i>	A06999

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) if the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if I were a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE **12-29-95**

By: *Mildred C. Banks*
Mildred C. Banks, Asst. Secy
By: National Corporation for Housing Partnerships, its sole General Partner

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number **703/394-2400**

CR2E003 (6/96)