

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE 41.25
DIVISION OF CORPORATIONS

98 APR -8 PM 2:43

1. Name of Limited Partnership

1a. DOCUMENT #
A06329



HOUSING ASSISTANCE OF MT. DORA, LTD.

Mailing Address

~~8065 LEESBURG PIKE. SUITE 400~~
~~VIENNA VA 22182~~

Principal Office Address

~~8065 LEESBURG PIKE. SUITE 400~~
~~VIENNA VA 22182~~

3. Date Formed or Registered

02/20/1978

5a. Capital Contributions as Shown on record

\$100.00

3a. Date of Last Report

12/27/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

1225 Eye Street, NW

Suite, Apt. #, etc.

Suite 200

City & State

Washington DC

Zip

20005

Country

USA

2a. Principal Office Address

1225 Eye Street, NW

Suite, Apt. #, etc.

Suite 200

City & State

Washington DC

Zip

20005

Country

USA

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

TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

CONDEV CORPORATION

NATIONAL HOUSING PART

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1215 LOUISIANA AVE

~~8065 LEESBURG PIKE, S~~

1225 Eye St, NW
Suite 200

11b. City, State & Zip Code

WINTER PARK FL

~~VIENNA VA 22182~~

Washington DC
20005

11c. Registration/Document Number

K45010

A06999

200002482472--2

dce

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) in the event that 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 effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Joel Bond

DATE

4/6/98

Typed or Printed Name of General Partner Signing Form

By: Joel Bond, Exec. VP

Daytime Telephone Number

202 219-2931

CR2E003 (6/97)



ACCOUNT NO. : 072100000032

REFERENCE : 772810 7143669

AUTHORIZATION :

Patricia Pignatelli

COST LIMIT : \$ 141.25

ORDER DATE : April 7, 1998

ORDER TIME : 9:58 AM

ORDER NO. : 772810-050

CUSTOMER NO: 7143669

CUSTOMER: Delores Huston, Legal Asst
Nchp
1225 Eye Street, Nw
Suite 200
Washington, DC 20005

ANNUAL REPORT FILING

NAME: HOUSING ASSISTANCE OF
MT. DORA, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: STACY EARNEST

EXAMINER'S INITIALS: _____

09 APR -9 AM 10:43
DIVISION OF CORPORATION