DOCU 1. Entity Nam	MENT # A0632	29	10 to 0				
HOUSING ASSISTANCE OF MT. DORA, LTD.				FILED			
Principal Place of Business Mailing Address  1873 BELLAIRE STREET. SUITE 1700 1873 BELLAIRE STREET. S  DENVER CO 80222-4348 DENVER CO 80222-4348				00 SEP 29 PM 2: 53	•		
2000 S.	rincipal Place of Business OO S. Colorado Blvd.  3. Mailing Address 2000 S. Colorado B				OLL GIBLI BIBIL BIBIL BIBIL LUBI		
	wo,,Suite 2-1000	Suite, Apt. #, etc. Tower Two, Su	ite 2-1000	DO NOT WRITE IN THIS S			
City & Stat	CO	City & State Denver, CO		4. FEI Number 52-1880750	Applied For Not Applicable		
80222	Country USA	80222	Country USA	5. Certificate of Status Desired	8.75 Additional		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered A	gent		
UNITED S 1201 HAY	TATES CORPORATION COMPANY S ST.	•	Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 10							
TALLAHAS	SSEE FL 32301		City	FL	Zip Code		
8. The above	named entity submits this statement for	r the purpose of changing it	s registered office or reg	istered agent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature re	quired when reinstating) DATE	·		
9. Capital Co as Shown		10. Amount of Capi in FLORIDA to		11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR			
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on t	NTITY MUST BE REC	SISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general part	ner.		
12.	GENERAL PARTNE		13.	ADDRESS CHANGES ONL			
NAME	CONDEV CORPPORATION 1215 LOUISIANA AVE	CONDEV CORPPORATION					
STREET ADDRESS CITY-ST-ZIP							
DOCUMENT #	WINTER PARK FL		CITY-ST-ZIP		,		
NAME	A06999 NATIONAL HOUSING PART		STREET ANDRESS 2	000 South Colorado Blvd., To	ower Two,		
NAME STREET ADDRESS CITY-ST-ZIP	A06999		STREET ADDRESS S		ower Two,		
STREET ADDRESS	A06999 NATIONAL HOUSING PART 1225 EYE ST., NW., SUITE 200		STREET ADDRESS 2	uite 2-1000	ower Two,		
STREET ADDRESS CITY-ST-ZIP DOCUMENT #	A06999 NATIONAL HOUSING PART 1225 EYE ST., NW., SUITE 200		STREET ADDRESS SI	uite 2-1000 enver, CO 80222			
STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS	A06999 NATIONAL HOUSING PART 1225 EYE ST., NW., SUITE 200		STREET ADDRESS 2 STREET ADDRESS D	uite 2-1000 enver, CO 80222			
STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT #	A06999 NATIONAL HOUSING PART 1225 EYE ST., NW., SUITE 200	elan	STREET ADDRESS SI CITY-ST-ZIP D STREET ADDRESS CITY-ST-ZIP	uite 2-1000 enver, CO 80222			
STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS	A06999 NATIONAL HOUSING PART 1225 EYE ST., NW., SUITE 200	elm	STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS	uite 2-1000 enver, CO 80222			
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STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DOCUMENT #	A06999 NATIONAL HOUSING PART 1225 EYE ST., NW., SUITE 200	e/24	STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP	uite 2-1000 enver, CO 80222			

indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Housing Assistance of Mt. Dora, Ltd., by its Managing GP, The National Housing Partnership, by its GP, National Corporation for Housing Partnerships

SIGNATURE: By:

| By: | Death | Dea

CR2E003 (5/00)





ACCOUNT NO. :

072100000032

REFERENCE :

847275

AUTHORIZATION

COST LIMIT

ORDER DATE: September 28, 2000 541, 25

ORDER TIME : 11:58 AM

ORDER NO. : 847275-010

CUSTOMER NO: 5124005

CUSTOMER: Leslie Green, Corp Paralegal

Aimco

2000 South Colorado Blvd. Tower Two, Suite 2-1000

Denver, CO 80222

## ANNUAL REPORT FILING

NAME:

HOUSING ASSISTANCE OF MT.

DORA, LTD.

XX \_\_\_ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sandy Mathis ext 1165

EXAMINER'S INITIALS:

DOCUMENT # A09368  1. Entity Name  TIMUQUANA PARK APARTMENTS, LTD.						FILED			
Principal Place of Business  1225 EYE STREET. NW SUITE 200  WASHINGTON DC 20005  Mailing Address  1225 EYE STREET. NW. WASHINGTON DC 20000			SUITE 200			00 ŞEP 2 SECRETAR TALLAHASS		: 49 TE <b>::</b>	
2. Principal Place of Business 2000 S. Colorado Boulevard 2000 S. Colorado			ado B	louleva	rd	R INDERENT COM TOUR HOUSE RAIN	i Biller (ett eileit e	KOKI OLOK BIBU BIBU DIBU IBU	
Suite, Apt. #, etc. Tower Two, Suite 2-1000		Suite, Apt. #, etc. Tower Two, Suite 2-1000			DO NOT WRITE IN THIS SPACE				
City & State Denver, CO			City & State Denver, CO		4. FEt N	52-12114	43	Applied For Not Applicable	
Zip . 80222		Country USA	Zip			5. Certi	ificate of Status Desired		\$8.75 Additional Fee Required
	6. Name	and Address of Current F	legistered Agent		Name	7. Nam	e and Address of New	Registered /	Agent
UNITED STATES CORPORATION COMPANY 1201 HAYS ST. SUITE 105				Street Address (P.O. Box Number is Not Acceptable)					
TALLAHAS	SSEE FL 32	301			City			FL	Zip Code
9. Capital Coras Shown	ntributions on record.	or printed name of registered agent at \$1.00	10. Amount of Capi in FLORIDA to c	tal Contri	butions UST BE F	e required when reinstat	11. MAKE CH SEE REVI	ERSE SIDE FO	TO DEPT. OF STATE R FEE INFORMATION
12.	NOTE:	General Partners MA	/ NOT be changed on t	he form	; an ame	dment must b	e filed to change a	general par	tner.
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A06999  NATIONAL HOUSING PARTNERSHIP 1225 EYE STREET, NW., SUITE 200 WASHINGTON DC 20005		STRE	EET ADDRESS	Tower Tw	th Colorado ro, Suite 2-1 CO 80222	Bouelva:		
DOCUMENT #				STRE	EET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP				
DOCUMENT # NAME		\/	hh I a	STR	EET ADDRESS			· ·	
STREET ADDRESS CITY-ST-ZIP	Vhp alza		CITY	-ST-ZIP		00000	3410	00107	
DOCUMENT # NAME				STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP				
DOCUMENT #				STRE	EET ADDRESS				
Street adoress City-St-Zip				CITY	-ST-ZIP				
DOCUMENT #				STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Timuquana Park Apartments, Ltd., by its GP, The National Housing Partnership, by its GP,

National Corporation for Housing Partnerships

SIGNATURE:

By: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND GENERAL PRETURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER





CSC 👡	THE UNITED STATES
	CORPORATION CORPORATION
	COMPANY

ACCOUNT NO. :

072100000032

REFERENCE :

847275

AUTHORIZATION

COST LIMIT

ORDER DATE: September 28, 2000

ORDER TIME : 12:05 PM

ORDER NO. : 847275-040

CUSTOMER NO: 5124005

CUSTOMER: Leslie Green, Corp Paralegal

Aimco

2000 South Colorado Blvd. Tower Two, Suite 2-1000

Denver, CO 80222

## ANNUAL REPORT FILING

NAME:

TIMUQUANA PARK APARTMENTS,

LTD.

XX\_\_\_ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sandy Mathis ext 1165

EXAMINER'S INITIALS: