

2001 UNIFORM BUSINESS REPORT (UBR)

0020949 SP

DOCUMENT # **A06329**

1. Entity Name

HOUSING ASSISTANCE OF MT. DORA, LTD.

FILED

01 APR 27 PM 5:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2000 S. COLORADO BLVD., TWR 2, STE. 2-1000 DENVER CO 80222	Mailing Address 2000 S. COLORADO BLVD., TWR 2, STE. 2-1000 DENVER CO 80222
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 52-1880750	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	K45010
NAME	CONDEV CORPORATION
STREET ADDRESS	1215 LOUISIANA AVE
CITY-ST-ZIP	WINTER PARK FL
DOCUMENT #	A06999
NAME	NATIONAL HOUSING PART
STREET ADDRESS	2000 S. COLORADO BLVD., TWR 2, STE. 2-1000
CITY-ST-ZIP	DENVER CO 80222
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	300004213593--6
	-05/11/01--01123--020
	****141.25 ****141.25
STREET ADDRESS	3K
CITY-ST-ZIP	5110
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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.

Housing Assistance of Mt. Dora, Ltd. by its Managing GP, The National Housing Partnership, by its GP, The National Corporation, for Housing Partnerships
SIGNATURE: By: Deborah Chesni Assistant Secretary (303) 757-8101
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **4-25-01** Daytime Phone #

CR2E003 (11/00)