

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A06329

1. Entity Name

HOUSING ASSISTANCE OF MT. DORA, LTD.

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1880750

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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**

**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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS	CITY - ST - ZIP

900005391739--0

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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; National Housing Partnership, by its GP, National Corporation for Housing Partnerships
SIGNATURE: By: SIGNATURE REQUIRED Chad Asarch, Asst. Secretary 4-2-02 303-757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

FILED

02 APR 30 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0021330 SP

CR2E003 (9/01)



A06329

ACCOUNT NO. : 072100000032
 REFERENCE : 554164 5124005
 AUTHORIZATION : *Patricia Pujol*
 COST LIMIT : \$ 141,250

ORDER DATE : April 29, 2002
 ORDER TIME : 10:36 AM
 ORDER NO. : 554164-025
 CUSTOMER NO: 5124005
 CUSTOMER: Ms. Deborah Hokanson
 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
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar - Ext. 1124

EXAMINER'S INITIALS: _____

FILED
 02 APR 30 PM 2:03
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 RECEIVED
 02 APR 30 AM 11:24
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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