

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 842544 (9)

1. Corporation Name

NCSC HOUSING MANAGEMENT CORPORATION



Principal Place of Business

4300 N. UNIVERSITY DR.
D-106
LAUDERHILL FL 33351

Mailing Address

4300 N. UNIVERSITY DR.
D-106
LAUDERHILL FL 33351

3. Date Incorporated or Qualified
02/07/1979

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
52-1136170

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHMELIK, JAMES F.
5095 NW 96TH WAY
CORAL SPRINGS FL 33067

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PRETE, GERALD J.
STREET ADDRESS 829 S RIDGELAND AVE
CITY-ST-ZIP OAK PARK IL ☐ DELETE

TITLE EVP
NAME GLOVER, EUGENE D
STREET ADDRESS 13704 MIDDLEVALE LANE
CITY-ST-ZIP SILVER SPRING MD 20906 ☐ DELETE

TITLE VP
NAME WORLEY, KENNETH L.
STREET ADDRESS ROUTE 1, BOX 8
CITY-ST-ZIP FORTUNA MO 65034 ☐ DELETE

TITLE VP
NAME SMEDLEY, LAWRENCE T.
STREET ADDRESS 1616 WINDING WAY LN
CITY-ST-ZIP SILVER SPRING MD ☒ DELETE

TITLE T
NAME GUENTHER, HARRY T.
STREET ADDRESS 200 OCEAN LANE DR #1105
CITY-ST-ZIP KEY BISCAINE FL ☐ DELETE

TITLE SD
NAME WINPISINGER, MICHAEL S
STREET ADDRESS 10201 STAFFORD LANE
CITY-ST-ZIP ELLICOTT MD ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3940 W. Bryn Mawr Avenue; #210
1.4 CITY-ST-ZIP Chicago, Illinois 60646

2.1 TITLE EVPD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VPD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VPD ☒ Change ☐ Addition
4.2 NAME Steve Protulis
4.3 STREET ADDRESS 9422 Clocktower Lane
4.4 CITY-ST-ZIP Columbia, Maryland 21046

5.1 TITLE TD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE 300001760363
6.2 NAME -03/28/96--01015--020
6.3 STREET ADDRESS ***61.25
6.4 CITY-ST-ZIP

14. 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 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if handwritten and oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harry T. Guenther* Harry T. Guenther, Treasurer 1/29/96 305/266-1719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/97)