

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **842544** (9)

1. Corporation Name

NCSC HOUSING MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

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

**4300 N. UNIVERSITY DR.
D-106
LAUDERHILL FL 33351-6243**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/07/1979	3a. Date of Last Report 03/27/1996
4. FEI Number 52-1136170		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHMELIK, JAMES F.
5095 NW 98TH 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SD
NAME	PRETE, GERALD J.	1.2 NAME	Maria C. Cordone
STREET ADDRESS	3940 W. BRYN MAWR AVENUE; #210	1.3 STREET ADDRESS	9000 Machinists Place
CITY-ST-ZIP	CHICAGO IL 60646	1.4 CITY-ST-ZIP	Upper Marlboro, MD 20772
TITLE	EVPD	2.1 TITLE	VPD
NAME	GLOVER, EUGENE D	2.2 NAME	
STREET ADDRESS	13704 MIDDLEVALE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD 20906	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	PD
NAME	WORLEY, KENNETH L	3.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 8	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORTUNA MO 65034	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	EVPD
NAME	PROTULIS, STEVE	4.2 NAME	
STREET ADDRESS	9422 CLOCKTOWER LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21046	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	GUENTHER, HARRY T.	5.2 NAME	
STREET ADDRESS	200 OCEAN LANE DR #1105	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	VPD
NAME	WINPISINGER, MICHAEL S	6.2 NAME	Jane Becker
STREET ADDRESS	10201 STAFFORD LANE	6.3 STREET ADDRESS	9690 Buckingham Drive
CITY-ST-ZIP	ELLCOTT MD	6.4 CITY-ST-ZIP	Allison Park, PA 15101

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under 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 3/27/97 305/266-1719

CR2E037 (9/96)