## FILE ON OR BEFORE APRIL 8.1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

SECRETARY OF SHATE 5 DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra B. Mortham **ANNUAL REPORT** Secretary of State 98 APR -8 PH 2: 1,3 1998 **DIVISION OF CORPORATIONS** DOCUMENT # 1. Name of Limited Partnership A06328 HOUSING ASSISTANCE OF ORANGE CITY, LTD. 3. Date Formed or Registered Capital Contributions as Shown on record. Mailing Address Principal Office Address 02/20/1978 BORS LEESBURG PIKE. SUITE 400 8065 LEESBURG PIKE, SUITE 400\_ \$100.00 VIENINA VA 22182 **VIENNA VA 22182** 3a. Date of Last Report 12/27/1996 **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2a. Principal Office Address 2. Mailing Address 1225 Eye Street Nw 1225 EVE STREET, NW Suite, Apt. #, etc. Suite, Apt., #, etc. 6. FEI Number Juite Applied For 59-1880765 Not Applicable City & State City & State Washington DO Washington De 7. Certificate of Status Desired \$8.75 Additional Fee Required Country Country 8 Make check payable to: Dept. of State (See reverse side for fee information) , SA A2 20005 20005 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office **UNITED STATES CORPORATION COMPANY** Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. Suite, Apt. #, etc. TALLAHASSEE FL 32301 City Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.1051 and 620.1051, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192. Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Do NOT Use Post Office Box Numbers) Registration/ 11. Name(s) of General Partner(s) 11b. City, State & Zip Code 11c. Document Number CONDEV CORPORATION 1215 LOUISIANA AVE WINTER PARK FL K45010 **NATIONAL HOUSING PART** 8065 LEESBURG PIKE, S -VIENNA-VA 22182 A06999 washington De 1225 Eve Street, NW

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

20005

Suite 200

1 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that i am a General Partner of the limited partnership, receiver or frusted empowered to execute this report as required by chapter 620, Florida Statutes. 3IGNATURE \_ yped or Printed Name of General Pariner Signing Form Delores Huston, Assistant secretary Daytime Telephone Number

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CR2E003 (12/97



ACCOUNT NO. : 072100000032

REFERENCE : 772810

AUTHORIZATION :

COST LIMIT

ORDER DATE: April 7, 1998

ORDER TIME: 9:54 AM

ORDER NO. : 772810-030

CUSTOMER NO: 7143669

CUSTOMER: Delores Huston, Legal Asst

Nchp

1225 Eye Street, Nw

Suite 200

Washington, DC 20005

## ANNUAL REPORT FILING

NAME:

HOUSING ASSISTANCE OF

ORANGE CITY, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY

\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: KOVIN A SHOWER STACY EARNEST

EXAMINER'S INITIALS: