

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 27 PM 3:52 #113



1. Name of Limited Partnership WOODSIDE VILLAS OF ARCADIA, LTD.	1a. DOCUMENT # A12613
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Mailing Address % NATIONAL HOUSING PARTNERSHIP 1225 EYE STREET, N.W. WASHINGTON DC 20005	Principal Office Address % NATIONAL HOUSING PARTNERSHIP 1225 EYE STREET, N.W. WASHINGTON DC 20005	3. Date Formed or Registered 06/02/1982	5a. Capital Contributions as Shown on record \$190.00
2. Mailing Address 8065 Leesburg Pike Suite, Apt. #, etc. Suite 400 Vienna, VA 22182 U.S.A.	2a. Principal Office Address 8065 Leesburg Pike Suite, Apt. #, etc. Suite 400 Vienna, VA 22182 U.S.A.	3a. Date of Last Report 12/29/1995	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
		6. FEI Number 52-1312003	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) 600002048086-3 Suite, Apt. #, etc. -01/07/97--01085--012 City FL Zip Code ***191.25 ***191.25
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10a. Pursuant to the provisions of sections 620 1051 and 620 192, 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) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CONDEV CORPORATION	1215 LOUISIANA AVE.	WINTER PARK FL	K45010
NAT'L HOUSING PARTNSHIP	1225 EYE STREET, N.W. 8065 Leesburg Pike	WASHINGTON DC Vienna, VA	A06999

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

12. 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 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 is in full and true authority. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter ~~620 192~~ **620 192**, Florida Statutes.

SIGNATURE _____ DATE **12-24-95**

By: **National Corporation for Housing Partnerships, its sole General Partner**

By: *Richard C. Banks*
Richard C. Banks, Asst. Secy

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number **703/394-2400**

CR2E003 (6/96)