

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G67438** (3)  
1. Corporation Name  
**NATIONAL DEVELOPMENT COMMUNITIES, INC.**



Principal Place of Business  
**4415 FIFTH AVE.  
PITTSBURGH PA 15213-2654**

Mailing Address  
**4415 FIFTH AVE.  
PITTSBURGH PA 15213-2654**

3. Date Incorporated or Qualified  
**10/31/1983**

3a. Date of Last Report  
**03/14/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2335441</b>		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent  
**ANSBACHER, LEWIS  
4215 SOUTHPOINT BLVD  
SUITE 100  
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASKIN, SEYMOUR R	1.2 NAME	
STREET ADDRESS	4415 5TH AVE @ DITHRIDGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JAMES	2.2 NAME	
STREET ADDRESS	4415 5TH AVE @ DITHRIDGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	2.4 CITY-ST-ZIP	
TITLE	ASV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOR, DIANE	3.2 NAME	
STREET ADDRESS	4415 5TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	
TITLE	STV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALSINGER, WILLIAM	4.2 NAME	
STREET ADDRESS	4415 5TH AVE @ DITHRIDGE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLINO, KATHLEEN	5.2 NAME	
STREET ADDRESS	4415 FIFTH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEUGOI, LINDA	6.2 NAME	
STREET ADDRESS	4415 FIFTH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15213	6.4 CITY-ST-ZIP	

**400002130154**  
**-04/01/97--01066--026**  
**\*\*\*165.00**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **3-19-97** (412) 578-7800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)