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

CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CELIGOI, LINDA

4415 FIFTH AVENUE

PITTSBURGH PA 15213

(3)

NATIONAL DEVELOPMENT COMMUNITIES, INC.

Principal Play	no of Business	Moilion Address			DIDIN BEBE: DIBER BUBIE BUBE 400:	
Principal Place of Business Mailing Address 4415 FIFTH AVE. 4415 FIFTH AVE.						
4415 FIFTH AVE. 4415 FIFTH AVE. PITTSBURGH PA 15213-2654 PITTSBURGH			1.2654			
FITTODUNGN FA 15210-2009 FITTODUNGH FA 1521		FEVUT	DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
		•		3. Date Incorporated or Qualified		
				10/31/1983		
	Place of Business	2s. Mailing Address		4. FEI Number	Applied For	
21		26		59-2335441	Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27	····	G. Commode of States Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28		Trust Fund Contribution	Added to Fees	
24	<u></u>	Z(p	Country	B. This corporation owes or has paid the	_ ′ _ • · ·	
24	25 9. Name and Address of Curre	29 29 Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No	
Al			81 Name	10. Hame and Address of New Register	en without	
ANSBACHER, LEWIS 4215 SOUTHPOINT BLVD						
SUITE 100			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32216			83			
U.	ONGOTTILLE PL 322 IU					
			84 City		85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	ites the above-named of			
office or	registered agent, or both, in the Statem femilier with, and accept the obtain	e of Florida, Such change was	authorized by the corpo	corporation submits this statement for the purpose pration's board of directors. I hereby accept the a	appointment as registered	
	ан вашой тап, ани ассертии ост	ganoris di, occiden bertebus, f	ionua atatutes.			
SIGNATURE	Signature, typed or printed mone of registered in	grot and title if applicable (NO	TE: Registered Agent signature in	equired when reinstating) DATE		
12.		VID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	
TITLE	DC	☐ DELETE	1.1 TITLE	DNC	Change Addition	
NAME	BASKIN, SEYMOUR R	_	1.2 NAME	Marvin Kamin		
STREET ADDRESS	4415 5TH AVE @ DITHRIDG	E	1.3 STREET ADDRESS	4415 FIFTH AVE		
CITY-ST-ZIP	PITTSBURGH PA		1.4 CHY-ST-ZIP	Pittsburgh, PA 15213		
TITLE	DP	DELETE	21 TITLE	17 D	Change Addition	
NAME	ALLEN, JAMES	_	2.2 NAME	cheryl Sassard	مما ماد	
STREET ADDRESS	4415 5TH AVE @ DITHRIDG	E	2.3 STHEET ADDRESS	4215 Southpoint 1311a. ou	A PC 100	
CITY-ST-ZIP	PITTSBURGH PA		2. 4 CITY - ST - ZIP	Jacksonville, FL 3221		
TITLE	ASV	☐ DELET E		AVP	Change Addition	
NAME	CONNOR, DIANE			martin Mason		
STREET ADDRESS	4415 5TH AVE.			yyis fifth Are		
CITY-ST-ZIP	PITTSBURGH PA	Locuere	3.4 CITY-ST-ZIP	Pittsburgh, PA 15213		
TITLE	STV	DELETE	4.1 TITLE	VP MARKET	Change & Addition	
NAME	BALSINGER, WILLIAM	c	4. 2 NAME	Karon Kleutzer		
STREET ADDRESS	4415 5TH AVE @ DITHRIDG	C	4.3 STREET ADDRESS	4415 Fifth Are		
CITY-ST-ZIP	PITTSBURGH PA VAS	DELETE	4.4 CITY-ST-ZIP	P1 Hsburgh, PA 15213		
TITLE	Bellino, Kathleen	L. DELETE	5.1 TITLE	-	Change Addition	
NAME OTOGET ADDRESS	4415 FIFTH AVE.		5 2 NAME			
STREET ADDRESS	PITTSRIBON PA		5.3 STREET ADDRESS			

14. I 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

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

☐ Change

☐ Addition

FILED

Apr 29 1998 8:00am

Secretary of State

. A K**aliki Abir b**irih irdin birba diliki ahal bibin dibin dibin dibin dibin dibin dibin dibin