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Feb 18 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 # P25858 (2)

1. Corporation Name

NDC HOUSING DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

41 E. 42ND STREET  
SUITE 1500  
NEW YORK NY 10017

41 E. 42ND STREET  
SUITE 1500  
NEW YORK NY 10017-5202

3. Date Incorporated or Qualified  
08/29/1989

3a. Date of Last Report  
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 51 E 42ND ST

26 51 E 42ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 300

27 SUITE 300

City & State

City & State

23 NY NY

28 NY NY

Zip

Country

Zip

Country

24 10017

25

29 10017

30

4. FEI Number  
11-2933129

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAPF, GEORGE  
1153 SECOND AVENUE SOUTH  
TIERRA VERDE FL 33715

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  DELETE  
NAME DAVENPORT, ROBERT  
STREET ADDRESS 5 E. 22ND ST.  
CITY-ST-ZIP NEW YORK NY

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME LAWRENCE, WILLIAM  
STREET ADDRESS 43 WARREN PLACE  
CITY-ST-ZIP MONTCLAIR NJ

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME LANG, BARRY  
STREET ADDRESS 10350 WILSHIRE BLVD  
CITY-ST-ZIP LOS ANGELES CA

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME RUCCIO, MARY JO  
STREET ADDRESS 211 E 4TH STREET  
CITY-ST-ZIP COVINGTON KY

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME LINNER, JOHN  
STREET ADDRESS 2638 MEADOWWOOD  
CITY-ST-ZIP TOLEDO OH

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME BREGON, NELSON  
STREET ADDRESS 3921 ALBERMARLE ST., NW  
CITY-ST-ZIP WASHINGTON DC

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (9/96)

*[Handwritten Signature]* 1/31/97 212 682-1106