						No. 1997			
FILE NOW: FILING FEE IS \$61.25						FILED			
			FLORIDA DEPARTMENT OF STATE			Mar 02 1998 8:00am			
			Sandra B. Mortham Secretary of State						
1998 DIVISION OF CO						Secretary	of Si	tate	
DOCUI	658 (2)								
	IOUSING DEVELOPMENT	T CORPORATION							
Principal Place of Business Mailing Address							II 01011 01011 01	81) 969)) 869)	
51 E 42ND ST STE 300		51 E 42ND ST	51 E 42ND ST STE 300			3. Date Incorporated or Qualified			
NY NY 10017 US		NY NY 10017	• • • • • • •			08/29/1989 4. FEI Number Applied For			
						11-2933129	No	ot Applicable	1
2. Principal Place of Business 2a. Mailing Address 24						5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired	
Suite, Apt. #, etc. Suite, Apt. #, etc						6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be	1
City & State	0	27 City & State				7. Is this nonprofit corporation a homeowner	s associatio		1
23 Zip	Country	28 Zip	Cou	untry		Yes Yes		enaible	$\left \right $
24	25	29	30			Personal Property Tax due June 30.	Yes [
	9. Name and Address of Cu	rrent Registered Agent		81 Name		10. Name and Address of New Registered	Agent		-
STAPF,			82 Street	Addre	ss (P.O. Box Number is Not Acceptable)			-	
1153 SECOND AVENUE SOUTH TIERRA VERDE FL 33715				83		· · · · · · · · · · · · · · · · · · ·			
				84 City		21	85 Zip (Code	-
11. Pursuant t	to the provisions of Sections 617.	0502 and 617.1508, Florida \$	Statutes, the a	bove-named	l corpo	ration submits this statement for the purpose of	i changing it	s registered	-
agent. La	egistered agent, or both, in the S m familiar with, and accept the o	bligations of, Section 617.050	was authorize 3, Florida Sta	d by the corr tutes.	poratio	ration submits this statement for the purpose o n's board of directors. I hereby accept the app	ointment as	registered	
SIGNATURE _	Signature, typed or printed name of registere	d agent and title if applicable	(NOTE: Registere	d Agent signature	e required	when reinstating) DATE			-
12. Title	OFFICERS PD		13. E 1.1 T	ITLE	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	Addition	- 6
NAME	DAVENPORT, ROBERT		1.2 N				- •		37 (
STREET ADDRESS City-st-zip	5 E. 22ND ST. New York Ny		-	TREET ADDRESS					2E037 (10/97)
TITLE	SD	DELET	E 2.1 Ti	ALE	<u> </u>		Change	Addition	
NAME STREET ADORESS	LAWRENCE, WILLIAM 43 WARREN PLACE		2.2 N 2.3 S	AME TREET ADDRESS					
CITY-ST-ZIP	MONTCLAIR NJ		2.40	XTY-ST-ZIP					_
TITLE NAME	D Lang, Barry	DELET	E 3.1 Ti 3.2 N				Change	Addition	1
STREET ADDRESS	10350 WILSHIRE BLVD		3.3 S	TREET ADDRESS	59	80 E. TERRA GRANDE UCSON AZ 85750			1
CITY-ST-ZIP TITLE	LOS ANGELES CA	DELET		HTY-ST-ZIP	-7	UCSON AL 85750	Change	Addition	┥
NAME	RUCCIO, MARY JO	-	4.21				-		1
STREET ADDRESS CITY-ST-ZIP	211 E 4TH STREET COVINGTON KY			TREET ADDRESS					
TITLE	D	DELET					Change	Addition	1
NAME STREET ADDRESS	Linner, John 2638 Meadowwood		5.2 N 5.3 S	ame Treet address					
CITY-ST-ZIP	TOLEDO OH		5.4 C	ITY-ST-ZIP					1
TITLE NAME	d Bregon, Nelson		E 6.1 T/ 6.2 N				Change	Addition	1
STREET ADDRESS	3921 ALBERMARLE ST., N	w		TREET ADDRESS					1
CITY-ST-ZIP	WASHINGTON DC	d with this filing does not au	6.4 C	ITY-ST-ZIP emption state	ed in S	ection 119.07(3)(i). Florida Statutes, Liturther or	rtify that the	Information	-
14. Thereby 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 of 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 of the receiver or trusted empowered to execute this report is equired 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.									
	URE:				\mathbf{y}	2/20/98 (212)			
SIGNAT	URF: //) /~~K01	X (X) 1/10	men	NOV	1	2/20/98 (212)	000-1	100	1

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