

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
51 E 42ND ST STE 300 NY NY 10017 US		51 E 42ND ST STE 300 NY NY 10017 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified
08/29/1989

4. FEI Number
11-2933129

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

STAFF, GEORGE
1153 SECOND AVENUE SOUTH
TERRA VERDE FL 33715

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, ROBERT	1.2 NAME	
STREET ADDRESS	5 E. 22ND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, WILLIAM	2.2 NAME	
STREET ADDRESS	43 WARREN PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTCLAIR NJ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, BARRY	3.2 NAME	
STREET ADDRESS	10350 WILSHIRE BLVD	3.3 STREET ADDRESS	5980 E. TERRA GRANDE
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	TUCSON AZ 85750
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUCCIO, MARY JO	4.2 NAME	
STREET ADDRESS	211 E 4TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON KY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINNER, JOHN	5.2 NAME	
STREET ADDRESS	2638 MEADOWWOOD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREGON, NELSON	6.2 NAME	
STREET ADDRESS	3921 ALBERMARLE ST., NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	6.4 CITY-ST-ZIP	

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

SIGNATURE: *Robert W Davenport* 2/20/98 (312) 682-1106

CP2E037 (10/97)