## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

# **DOCUMENT # P25858**

1. Corporation Name

### NDC HOUSING DEVELOPMENT CORPORATION

Principal Place of Business
51 E 42ND ST
STE 300
NY NY 10017
US

2. Principal Place of Business

21

Mailing Address

51 E 42ND ST STE 300 NY NY 10017

2a. Mailing Address

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26

# FILED Mar 12, 1999 8:00 am § Secretary of State

03-12-1999 90036 024 \*\*\*122.50



3. Date Incorporated or Qualifed

08/29/1989

21											
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.				4. FEI Number 11-2933129		<del></del>	lied For	
22		27					11 2900 129		Not Applicable \$8.75 Additional		
City & State			City & State			. –	5. Certificate of Status Desired		Fee Rec	I	
23			Zip Country				0.51.00.00.00.00.00				
Zip	Country	21p				6. Election Campaign Financing Trust Fund Contribution	, 🗆	\$5.00 h Added to			
24	25   29   30   9. Name and Address of Current Registered Agent			30	10. Name and Address of New Registered Agent						
3. Name and Address of Current Registered Agent					81	Name	To Maine and Addition of the		7.9		
074PC 0F0P0F											
STAPF, GEORGE					82 Street Address (P.O. Box Number is Not Acceptable)						
1153 SECOND AVENUE SOUTH											
TIERRA VERDE FL 33715									· · · · · · · · · · · · · · · · · · ·		
and the second s					84	City		FI	85 Zip C	ode	
44 D. Add the second of the se											
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 Skynature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
12.	Signature, typed or printed name or registered agent OFFICERS AND			13.	ı Milen	t orbitativo Ladolleo	ADDITIONS/CHANGES TO C		ND DIRECTOR	RS IN 12	
TITLE				1,5 TI	1,1 TITLE				☐ Change	Addition	
NAME	DAVENPORT, ROBERT-		<del></del>	1.2 N	AME					. [	
STREET ADDRES	C C ANID AT		*			ADDRESS				1	
CITY-ST-ZIP	NEW YORK NY				TY-S1					]	
TITLE	SD		□ DELETE 2.1T			·			☐ Change	Addition	
NAME	LAWRENCE, WILLIAM				AME	1				1	
STREET ADDRES	40 MADDEN DI 40E			2.3 S	TREET	ADDRESS					
CITY-ST-ZIP				2.40	TY-S	T-ZIP					
TITLE	D 4								☐ Change	☐ Addition	
NAME	T			3.2 N	AME						
STREET ADDRES	COOK E TERRA CRANDE	- · · · · · · · · · · · · · · · · · · ·			TREET	ADDRESS					
CITY-ST-ZIP				3.4.0	TY-S	T-ZIP					
TITLE	D				TLE				Change	☐ Addition	
NAME	RUCCIO, MARY JO			4. 2 N	AME						
STREET ADDRES	s 211 E 4TH STREET			4.3 S	TREET	ADDRESS					
CITY-ST-ZIP	COVINGTON KY	COVINGTON KY - 4.4			ΠY-S	T-ZIP					
TITLE	D		☐ DELETE	5.1 T	ITLE				☐ Change	Addition	
NAME	LINNER, JOHN			5.2 N	AME						
STREET ADDRES	ESS 2000 INEADON NOOD			TREET	ADDRESS						
CITY-ST-ZIP	TOLEDO OH		<u> </u>	_	ΠY-S	T-ZIP					
TITLE	D		DELETE	6.1 T	TLE				☐ Change	☐ Addition	
NAME	BREGON, NELSON		. ,	6.2 N	AME						
STREET ADDRES				6.3 S	TREET	TADDRESS				1	
OTTY OF THE					ITY-S	T-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 /I charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

3/1/99 (212) 682-1106

CR2E037\_(11/98)\_