

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90575 040 ****61.25

DOCUMENT # P25858

1. Entity Name

NDC HOUSING DEVELOPMENT CORPORATION



Principal Place of Business

51 E 42ND ST
STE 300
NY NY 10017
US

Mailing Address

51 E 42ND ST
STE 300
NY NY 10017
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-2933129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAPF, GEORGE
1153 SECOND AVENUE SOUTH
TIERRA VERDE FL 33715

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: DAVENPORT, ROBERT
STREET ADDRESS: 5 E. 22ND ST.
CITY-ST-ZIP: NEW YORK NY ☐ Delete

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

TITLE: D
NAME: LANG, BARRY
STREET ADDRESS: 5890 E TERRA GRANDE
CITY-ST-ZIP: TUCSON AZ 85750 ☐ Delete

TITLE: D
NAME: VOGT, ANN
STREET ADDRESS: 18 MT TOM ROAD
CITY-ST-ZIP: NEW ROCHELLE NY 10805 ☐ Delete

TITLE: D
NAME: LINNEN, JOHN
STREET ADDRESS: 2638 MEADOWWOOD
CITY-ST-ZIP: TOLEDO OH ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

212-682-1106