

**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      Mailing Address  
**51 E 42ND ST  
STE 300  
NY NY 10017  
US**      **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



MOORE      CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**  
**STAPP, GEORGE  
1153 SECOND AVENUE SOUTH  
TIERRA VERDE FL 33715**

4. FEI Number      Applied For  
**11-2933129**       Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVENPORT, ROBERT	
STREET ADDRESS	5 E. 22ND ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAWRENCE, WILLIAM	
STREET ADDRESS	43 WARREN PLACE	
CITY-ST-ZIP	MONTCLAIR NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANG, BARRY	
STREET ADDRESS	5890 E TERRA GRANDE	
CITY-ST-ZIP	TUCSON AZ 85750	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOGT, ANN	
STREET ADDRESS	18 MT TOM ROAD	
CITY-ST-ZIP	NEW ROCHELLE NY 10805	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINNER, JOHN	
STREET ADDRESS	2638 MEADOWWOOD	
CITY-ST-ZIP	TOLEDO OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:** *Robert W. Davenport*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Robert W. Davenport**      Date \_\_\_\_\_      Daytime Phone # **212-682-1106**