

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

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



01042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

STAPP, GEORGE
1153 SECOND AVENUE SOUTH
TIERRA VERDE, FL 33715

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IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LINNER, JOHN
2639 MEADOWWOOD
TOLEDO, OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000427752
02/21/06-80021-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Robert W. Davenport

1-19-2006

Date

212-682-1106

Daytime Phone #