FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:11

DOCUMENT # P32942 (5)

1. Corporation Name
COMMUNITY DEVELOPMENT PROPERTIES MIRROR LAKE, IN C.

Principal Place of Business	Mailing Address
C/O NATIONAL DEVELOPMENT COUNCIL 41 EAST 42ND STREET NEW YORK NY 10017	C/O NATIONAL DEVELOPMENT COUNCIL 41 EAST 42ND STREET NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1991
3a. Date of Last Report: 03/30/1994
4. FEI Number: 13-3614620 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STAPF, GEORGE M.
1153 SECOND AVENUE NORTH
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MARSH, DANIEL, III	12 NAME	
STREET ADDRESS	8 CEDAR STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MASHPEE MA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	LOWENSTEIN, WILLIAM	22 NAME	
STREET ADDRESS	18 AITKEN AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	HUNDSON NY	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☒ Addition
NAME	~~VEDDER, ANN~~	32 NAME	Mary Jo Ruccio
STREET ADDRESS	~~BRISTOL RD, PO BOX 221~~	33 STREET ADDRESS	211 E 4th ST.
CITY-ST-ZIP	~~CANAAN NY~~	34 CITY-ST-ZIP	Covington, Ky 41011
TITLE	ASD	41 TITLE	☐ Change ☐ Addition
NAME	STAPF, GEORGE M.	42 NAME	
STREET ADDRESS	1146 2ND AVE. SOUTH	43 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	DAVENPORT, ROBERT	52 NAME	
STREET ADDRESS	5 EAST 22ND ST., #27F	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4-12-95 (212)682-1106
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert W. Davenport, Treasurer

0072730