

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
02/26/1991

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

2a. Mailing Address

21 51 EAST 42ND ST.

26 51 EAST 42ND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 300

27 300

City & State

City & State

23 NEW YORK, NY

28 NEW YORK, NY

Zip

Country

Zip

Country

24 10017

25 NY

29 10017

30 NY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PD - PRESIDENT~~ ☐ DELETE
NAME MARSH, DANIEL, III
STREET ADDRESS 8 CEDAR STREET
CITY - ST - ZIP MASHPEE MA

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME SARA L. LOVELAND
1.3 STREET ADDRESS 5 EAST 22 ST. #27F
1.4 CITY - ST - ZIP NY NY 10010

TITLE VD ☒ DELETE
NAME LOWENSTEIN, WILLIAM
STREET ADDRESS 18 AITKEN AVE.
CITY - ST - ZIP HUNDSON NY

2.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME KATHRYN S. GIBBONS
2.3 STREET ADDRESS 3566 EDWARDS ROAD
2.4 CITY - ST - ZIP CINCINNATI, OH 45208

TITLE ~~S DIRECTOR~~ ☐ DELETE
NAME RUCCIO, MARY JO
STREET ADDRESS 211 E 4TH ST
CITY - ST - ZIP COVINGTON KY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ASD ☐ DELETE
NAME STAFF, GEORGE M.
STREET ADDRESS 1146 2ND AVE. SOUTH
CITY - ST - ZIP TIERRA VERDE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE TD ☐ DELETE
NAME DAVENPORT, ROBERT
STREET ADDRESS 5 EAST 22ND ST., #27F
CITY - ST - ZIP NEW YORK NY

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

Kathryn S. Gibbons, director

6/24/96 (606) 291-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0018379

CR2E037 (3/96)