


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40064 (8)

1. Corporation Name

COMMUNITY DEVELOPMENT PROPERTIES TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

**41 EAST 42ND STREET, SUITE 1500
NEW YORK NY 10017**

**41 EAST 42ND STREET, SUITE 1500
NEW YORK NY 10017**

3. Date Incorporated or Qualified
08/14/1992

3a. Date of Last Report
08/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STAPF, GEROGE M.
1153 SECOND AVENUE SOUTH
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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **PD**
STREET ADDRESS **DAVENPORT, ROBERT**
CITY-ST-ZIP **5 EAST 22ND ST., #27F**
NEW YORK NY

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **SD**
STREET ADDRESS **VEDDER, ANN W.**
CITY-ST-ZIP **BRISTOL ROAD, BOX 221**
CANAAN NY

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **STAPF, GEORGE M.**
CITY-ST-ZIP **1153 2ND AVE. SOUTH**
TIERRA VERDE FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **MARSH, DANIEL, III**
CITY-ST-ZIP **3921 ALBEMARLE ST., N.W.**
MASHPEE MA

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME **D**
STREET ADDRESS **BREGON, NELSON R.**
CITY-ST-ZIP **777 NO. CAPITAL ST.**
WASHINGTON DC

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

3921 ALBEMARLE ST., N.W.
Washington, D.C.

D Barry Lang
10350 Wilshire Blvd
Los Angeles, CA

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 its 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)