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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 12, 1999 8:00 am**  
**Secretary of State**

03-12-1999 90036 024 \*\*\*122.50

DOCUMENT # **P40064**

1. Corporation Name

**COMMUNITY DEVELOPMENT PROPERTIES MIAMI, INC.**

Principal Place of Business

51 EAST 42ND ST  
STE 300  
NEW YORK NY 10017  
US

Mailing Address

51 EAST 42ND ST  
STE 300  
NEW YORK NY 10017  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country 30

3. Date Incorporated or Qualified

08/14/1992

4. FEI Number

13-3688552

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

9. Name and Address of Current Registered Agent

STAFF, GEROGE M.  
1153 SECOND AVENUE SOUTH  
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

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

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

TITLE D  
NAME LANG, BARRY  
STREET ADDRESS 5980 E TERRA GRANDE  
CITY-ST-ZIP TUCSON AZ 85750 ☐ DELETE

TITLE D  
NAME STAFF, GEORGE M.  
STREET ADDRESS 1153 2ND AVE. SOUTH  
CITY-ST-ZIP TIERRA VERDE FL ☐ DELETE

TITLE D  
NAME MARSH, DANIEL, III  
STREET ADDRESS 8 CEDAR ST  
CITY-ST-ZIP MASHPEE MA 02649 ☐ DELETE

TITLE D  
NAME BREGON, NELSON R.  
STREET ADDRESS 3921 ALBEMARLE STREET NW  
CITY-ST-ZIP WASHINGTON DC ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/99 (212) 682-1106

CR2E037 (11/98)