

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

DOCUMENT # 730923 (0)

1. Corporation Name

LARCHMONT APARTMENTS, SECTION NO. 2, INC.



Principal Place of Business

Mailing Address

% MS. BARI FLETCHER
516 EL VERNONA AVE.
SARASOTA FL 34236

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516 EL VERNONA AVE.
SARASOTA FL 34236

3. Date Incorporated or Qualified 10/15/1974
3a. Date of Last Report 02/28/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	59-1804437	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.				Not Applicable	
23	City & State	27	City & State	5.	Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	28	City & State	6.	Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/>	Yes <input type="checkbox"/> No
30								

9. Name and Address of Current Registered Agent

KIMBROUGH, ROBERT A ATTY.
1530 CROSS ST.
SARASOTA FL 33577

10. Name and Address of New Registered Agent

81 Name Robert George Willman, P.A., ESQ
82 Street Address (P.O. Box Number is Not Acceptable) 240 N. Washington Blvd Suite 305
83
84 City SARASOTA FL 85 Zip Code 34236

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

Robert Willman Robert Willman

3/25/96

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLETCHER, BARI	
STREET ADDRESS	516 EL VERNONA AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	V	<input type="checkbox"/> DELETE
NAME	YANIKE, ALICE R	
STREET ADDRESS	502 EL VERNONA AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ADAMS, WILLIAM	
STREET ADDRESS	5201 VALLEY FORGE	
CITY-ST-ZIP	ALEXANDRIA VA 22304	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EUWEMA, ROBERT N	
STREET ADDRESS	402 EL VERNONA AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, PEARL	
STREET ADDRESS	508 EL VERNONA AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, EDITH	
STREET ADDRESS	522 EL VERNONA AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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:

Bari G. Fletcher

3/1/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #

CR2E037 (12/95)