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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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
% MS. BARI FLETCHER 516 EL VERNONA AVE. SARASOTA FL 34236-4804

3. Date Incorporated or Qualified 10/15/1974
3a. Date of Last Report 04/01/1996
4. FEI Number 59-1804437
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
WILLMAN, ROBERT G. P ESO
240 N WASHINGTON BLVD
SUITE 305
SARASOTA FL 34236

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PRESIDENT
1.2 NAME BARI G. FLETCHER
1.3 STREET ADDRESS 516 EL VERNONA
1.4 CITY-ST-ZIP SARASOTA FL. 34236
2.1 TITLE VICE PRESIDENT
2.2 NAME ROBERT H. PROSSER
2.3 STREET ADDRESS 512 EL VERNONA AVE
2.4 CITY-ST-ZIP SARASOTA FL 34236
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE TREASURER
4.2 NAME JOE PERPLES
4.3 STREET ADDRESS 513 EL VERNONA AVE
4.4 CITY-ST-ZIP SARASOTA FL 34236
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: [Signature] W. B. ADAMS - SECT 3-5-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061084

CR2E037 (9/96)