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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
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

3. Date Incorporated or Qualified
10/15/1974
4. FEI Number
59-1804437 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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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
WILMAN
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P-D	<input type="checkbox"/> DELETE
NAME	FLETCHER, BARI	
STREET ADDRESS	516 EL VERNONA AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PROSSEN, ROBERT H	
STREET ADDRESS	512 ELVERHOWA AVE. VERONA	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S. Adams	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, WILLIAM	
STREET ADDRESS	1801 VALLEY FORGE	
CITY-ST-ZIP	ALEXANDRIA VA 22304	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PEEPLES, JOE	
STREET ADDRESS	513 ELVENOWA AVE. 502 EL VERONA AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, PEARL	
STREET ADDRESS	506 EL VERNONA AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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	Bari G Fletcher	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	516 ELVERNOWA	
1.3 STREET ADDRESS	SARASOTA FL 34236	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wm de Shallick S-D	
3.3 STREET ADDRESS	5333 Kelly Dr.	
3.4 CITY-ST-ZIP	Sarasota, FL 34233	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wm de Shallick T-D	
4.3 STREET ADDRESS	502 El Verona Ave.	
4.4 CITY-ST-ZIP	Sarasota, FL 34236	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: _____ Bari G Fletcher 5/22/98 951 97449

CR2E037 (10/97)