

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 # 738595 (8)
1. Corporation Name
LATITUDE 29 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 21703 FRONT BEACH RD PANAMA CITY BCH FL 32413
Mailing Address: 21703 FRONT BEACH RD PANAMA CITY BCH FL 32413

3. Date Incorporated or Qualified: 04/07/1977
3a. Date of Last Report: 07/07/1995
4. FEI Number: 62-1041650
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: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 29
25. Country: 30

9. Name and Address of Current Registered Agent
FELLERMAN, LINDA
21703 FRONT BEACH RD
PANAMA CITY BCH FL 32413

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHERD, JAMES	1.2 NAME	
STREET ADDRESS	7119 AVALON TRAIL DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, ANNETTE	2.2 NAME	Director
STREET ADDRESS	BOX 1008 BETHANY CHURCH RD	2.3 STREET ADDRESS	Amon Cain
CITY-ST-ZIP	PINE MOUNTAIN GA	2.4 CITY-ST-ZIP	106 Elmwood Ct Griffin GA 30203
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMSON-CAIN, BETTY	3.2 NAME	Director
STREET ADDRESS	106 ELMWOOD CT	3.3 STREET ADDRESS	Joyce Akers
CITY-ST-ZIP	GRIFFIN GA	3.4 CITY-ST-ZIP	Rt. 2, Box 160D Heflin AL 36064
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD, LINDA	4.2 NAME	Director
STREET ADDRESS	6000 SHERWOOD DR.	4.3 STREET ADDRESS	Gerard Ruth
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	1347 Bon Duant DR Baton Rouge LA 70806
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEYMAN, CARROLL	5.2 NAME	
STREET ADDRESS	5745 CHEROKEE TRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CUMMING GA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: James P. Shepherd 4/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)