


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 19 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/07/1977	3a. Date of Last Report 05/01/1996
4. FEI Number 62-1041650	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	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 relating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEPHERD, JAMES	1.2 NAME	Robert Holt
STREET ADDRESS	7119 AVALON TRAIL DR.	1.3 STREET ADDRESS	1811 Sagway
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	Tallahassee FL 32303
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAIN, AMON	2.2 NAME	Charles Clare
STREET ADDRESS	106 ELMWOOD CT.	2.3 STREET ADDRESS	3365 West Hampton DR
CITY-ST-ZIP	GRIFFIN GA	2.4 CITY-ST-ZIP	Marionville GA 30064
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director Secretary Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AKERS, JOYCE	3.2 NAME	A. N. O'Daniel
STREET ADDRESS	RT.2 BOX 180D.	3.3 STREET ADDRESS	511 Abelson DR
CITY-ST-ZIP	HEFLIN AL	3.4 CITY-ST-ZIP	Carmel IL 62821
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERARD, RUTH	4.2 NAME	Andy Ramage
STREET ADDRESS	1347 BON DURANT DR.	4.3 STREET ADDRESS	PO Box 70748 NIA
CITY-ST-ZIP	BATON ROUGE LA	4.4 CITY-ST-ZIP	Tuscaloosa AL 35417
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
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	<input type="checkbox"/> DELETE	6.1 TITLE	
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 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 in an attachment with an address.

SIGNATURE: *Robert Holt* (Signature of Robert Holt)

CP2E037 (4/97)