


FILE NOW: FILING FEE IS \$61.25

FILED

**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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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3. Date Incorporated or Qualified
04/07/1977

4. FEI Number 62-1041650	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 2a
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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
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	<input type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHEPHERD, JAMES		1.2 NAME NO IT, BOB	
STREET ADDRESS 7119 AAVALON TRAIL DR.		1.3 STREET ADDRESS 1811 Sagway	
CITY-ST-ZIP INDIAMAPOLIS IN		1.4 CITY-ST-ZIP Tallahassee, FL 32303	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARE, CHARLES		2.2 NAME Clare, Charles	
STREET ADDRESS 3565 WEST HAMPTON DR		2.3 STREET ADDRESS 3565 West Hampton Dr	
CITY-ST-ZIP MARIETTA GA		2.4 CITY-ST-ZIP Marionetta GA 30064	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AKERS, JOYCE		3.2 NAME Skycley, Paul	
STREET ADDRESS RT.2 BOX 1800.		3.3 STREET ADDRESS 7043 Spencer Dr	
CITY-ST-ZIP HEFLIN AL		3.4 CITY-ST-ZIP Tallahassee FL 32303	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAMAGE, ANDY		4.2 NAME Chandler, Porcket	
STREET ADDRESS P.O BOX 70745 N/A		4.3 STREET ADDRESS 2004 Wintthrop Way	
CITY-ST-ZIP TUSCALOOSA AL		4.4 CITY-ST-ZIP Tallahassee, FL 32312	
TITLE D	<input checked="" type="checkbox"/> DELETE	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 D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'DAMEL, E.H.		6.2 NAME	
STREET ADDRESS 511 ABELSON DR		6.3 STREET ADDRESS	
CITY-ST-ZIP CARMI IL		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: James E. Shepherd Treasurer 4/28/98 (317)842-1232

CFR2037 (10/97)