

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 738595**

1. Entity Name

**LATITUDE 29 CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90135 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

21703 FRONT BEACH RD  
 PANAMA CITY BCH FL 32413

21703 FRONT BEACH RD  
 PANAMA CITY BCH FL 32413-3319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**62-1041650**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELLERMAN, LINDA**  
 21703 FRONT BEACH RD  
 PANAMA CITY BCH FL 32413

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **TD SHEPHERD, JAMES**  
 STREET ADDRESS **7119 AVALON TRAIL DR.**  
 CITY-ST-ZIP **INDIAMAPOLIS IN**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D CLARE, CHARLES**  
 STREET ADDRESS **3565 WEST HAMPTON DR**  
 CITY-ST-ZIP **MARIETTA GA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D AKERS, JOYCE**  
 STREET ADDRESS **RT.2 BOX 160D.**  
 CITY-ST-ZIP **HEFLIN AL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P BIRTHROGHT, ED**  
 STREET ADDRESS **4 REDBUD LN**  
 CITY-ST-ZIP **NASHVILLE TN 37215**

TITLE  Change  Addition  
 NAME **VP**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S BRIDGET, CHANDLER**  
 STREET ADDRESS **2004 WINTHROP WAY**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition  
 NAME **Beckie TAYES**  
 STREET ADDRESS **3601 Woodbridge Dr**  
 CITY-ST-ZIP **Nashville TN 37217**

TITLE  Delete  
 NAME **D O'DANIEL, E.H.**  
 STREET ADDRESS **511 ABELSON DR**  
 CITY-ST-ZIP **CARMI IL**

TITLE  Change  Addition  
 NAME **P Larry Arnold**  
 STREET ADDRESS **6000 Starwood Dr**  
 CITY-ST-ZIP **Nashville TN 37215**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

317 842-1237

Daytime Phone #

CR2E037 (9/99)