

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 # N43684 (2)
1. Corporation Name

LATITUDE 29 RENTAL ASSOCIATION, INC.



Principal Place of Business: 21703 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413-3319
Mailing Address: 21703 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413-3319

3. Date Incorporated or Qualified: 05/30/1991
3a. Date of Last Report: 07/07/1995
4. FEI Number: 59-3075841
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) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: FELLERMAN, LINDA, 21703 FRONT BEACH ROAD, PANAMA CITY BEACH FL
10. Name and Address of New Registered Agent (81) Name, (82) Street Address, (83) City, (84) City, (85) Zip Code: FL

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Director
NAME	ARNOLD, LINDA	1.2 NAME	Frederick Lee
STREET ADDRESS	6000 SHERWOOD DR	1.3 STREET ADDRESS	81 Pinecrest Rd
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	Orange Ct 06477
TITLE	TD	2.1 TITLE	
NAME	SHEPHERD, JAMES	2.2 NAME	
STREET ADDRESS	7119 AVALON TRAIL DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	AKERS, JOYCE	3.2 NAME	
STREET ADDRESS	RT 2 BOX 1600	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEDLIN AL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FELLERMAN, LINDA	4.2 NAME	
STREET ADDRESS	21703 FRONT BEACH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BIRTHRIGHT, ED	5.2 NAME	
STREET ADDRESS	4 REDBUD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	AMON, CAIN	6.2 NAME	
STREET ADDRESS	106 ELMWOOD	6.3 STREET ADDRESS	
CITY-ST-ZIP	GRIFFIN GA	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 E. Shepherd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/27/96
Daytime Phone #:

CR2E037 (12/95)