

9-19-97 B-8426-C
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 # 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/30/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3075841	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 ROAD
PANAMA CITY BEACH FL

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME ARNOLD, LINDA	
STREET ADDRESS 6000 SHERWOOD DR	
CITY-ST-ZIP NASHVILLE TN	
TITLE TD	<input type="checkbox"/> DELETE
NAME SHEPHERD, JAMES	
STREET ADDRESS 7119 AVALON TRAIL DR.	
CITY-ST-ZIP INDIANAPOLIS IN	
TITLE SD	<input type="checkbox"/> DELETE
NAME AKERS, JOYCE	
STREET ADDRESS RT 2 BOX 160D	
CITY-ST-ZIP MEDLIN AL	
TITLE D	<input type="checkbox"/> DELETE
NAME FELLERMAN, LINDA	
STREET ADDRESS 21703 FRONT BEACH ROAD	
CITY-ST-ZIP PANAMA CITY BCH. FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME FREDERICK LEE	
STREET ADDRESS 81 PINECREST RD	
CITY-ST-ZIP ORANGE CT	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Robert Holt	
1.3 STREET ADDRESS 1811 Sagway	
1.4 CITY-ST-ZIP Tallahassee FL 32303	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Charles Clare	
2.3 STREET ADDRESS 3565 West Hampton Dr	
2.4 CITY-ST-ZIP Manassas VA 20108	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 reports 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 _____

CR2E037 (4/97)