FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 28 AM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730923 (0)

1. Corporation Name
LARCHMONT APARTMENTS, SECTION NO. 2, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% MS. BARI FLETCHER 516 EL VERNONA AVE. SARASOTA FL 34236	% MS. BARI FLETCHER 516 EL VERNONA AVE. SARASOTA FL 34236

3. Date Incorporated or Qualified: 10/15/1974
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-1804437 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	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

KIMBROUGH, ROBERT A ATTY.
1530 CROSS ST.
SARASOTA FL 33577

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, BARI	1.2 NAME	
STREET ADDRESS	516 EL VERNONA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	YANIKE, ALICE R	2.2 NAME	
STREET ADDRESS	502 EL VERNONA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, WILLIAM	3.2 NAME	
STREET ADDRESS	5201 VALLEY FORGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22304	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	EUWEMA, ROBERT N	4.2 NAME	
STREET ADDRESS	402 EL VERNONA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, PEARL	5.2 NAME	
STREET ADDRESS	508 EL VERNONA AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ZIMMERMAN, EDITH	6.2 NAME	
STREET ADDRESS	522 EL VERNONA AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	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)(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: Robert N Euwema Robert N Euwema FEB 20, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010437