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FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730923 (0)

1. Corporation Name

LARCHMONT APARTMENTS, SECTION NO. 2, INC.

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 34236-4804

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/15/1974

3a. Date of Last Report

04/01/1996

4. FEI Number

59-1804437

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

10. Name and Address of New Registered Agent

WILLMAN, ROBERT G. P ESQ
240 N WASHINGTON BLVD
SUITE 305
SARASOTA FL 34236

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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FLETCHER, BARI
STREET ADDRESS 516 EL VERNONA AVE.
CITY-ST-ZIP SARASOTA FL 34236 ☐ DELETETITLE V
NAME YANIKE, ALICE R
STREET ADDRESS 502 EL VERNONA AVE.
CITY-ST-ZIP SARASOTA FL 34236 ☒ DELETETITLE S
NAME ADAMS, WILLIAM
STREET ADDRESS 5201 VALLEY FORGE
CITY-ST-ZIP ALEXANDRIA VA 22304 ☐ DELETETITLE T
NAME EUWEMA, ROBERT N
STREET ADDRESS 402 EL VERNONA AVE.
CITY-ST-ZIP SARASOTA FL 34236 ☒ DELETETITLE D
NAME WILSON, PEARL
STREET ADDRESS 508 EL VERNONA AVE.
CITY-ST-ZIP SARASOTA FL 34236 ☐ DELETETITLE D
NAME ZIMMERMAN, EDITH
STREET ADDRESS 522 EL VERNONA AVE.
CITY-ST-ZIP SARASOTA FL 34236 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME BARI G. FLETCHER
1.3 STREET ADDRESS 516 EL VERNONA
1.4 CITY-ST-ZIP SARASOTA FL 34236 ☐ Change ☐ Addition2.1 TITLE VICE President
2.2 NAME ROBERT H. PROSSER
2.3 STREET ADDRESS 512 EL VERNONA AVE
2.4 CITY-ST-ZIP SARASOTA FL 34236 ☒ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE Treasurer
4.2 NAME JOE PERPLES
4.3 STREET ADDRESS 513 EL VERNONA AVE
4.4 CITY-ST-ZIP SARASOTA FL 34236 ☒ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

WILLMAN, ROBERT G. P ESQ
3-5-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061084

CP2E037 (9/96)