2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# 730923

Entity Name: LARCHMONT APARTMENTS, SECTION NO. 2, INC.

Current Principal Place of Business:

% MS. BARI FLETCHER
516 EL VERNONA AVE.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

% MS. BARI FLETCHER
516 EL VERNONA AVE.
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-1804437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILHAM, ROBERT G P ESQ
240 N WASHINGTON BLVD
SUITE 305
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	FLETCHER, BARI	
Address:	516 EL VERNONA AVE.	
City-St-Zip:	SARASOTA, FL	
Title:	VP	( ) Delete
Name:	CLARK, PAULA	
Address:	520 ELVERNONA	
City-St-Zip:	SARASOTA, FL	
Title:	SD	( ) Delete
Name:	ASHBY, BLAIR	
Address:	ELVERNONA	
City-St-Zip:	SARASOTA, FL 34233	
Title:	TD	( ) Delete
Name:	WAROWSKI, GREG T	
Address:	512 ELVERNOMA AVE	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	( ) Delete
Name:	WILSON, PEARL	
Address:	508 EL VERNONA AVE.	
City-St-Zip:	SARASOTA, FL 34236	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA CLARK VP 04/29/2005

Electronic Signature of Signing Officer or Director — Date