## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 738595**

Apr 25, 2009 Secretary of State

Entity Name: LATITUDE 29 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

21703 FRONT BEACH RD PANAMA CITY BCH, FL 32413

**Current Mailing Address: New Mailing Address:** 

21703 FRONT BEACH RD PANAMA CITY BCH, FL 32413

FEI Number: 62-1041650 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LADA, GRACE A 21703 FRONT BEACH RD PANAMA CITY BCH, FL 32413 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete CHAFIN, LARRY Name: 144 BROOKSHIRE LN Address: City-St-Zip: PELHAM, AL 35124

Title: SD () Delete HOLT, BARBARA Name: Address: 1811 SAGEWAY

City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete CHANDLER, BRIDGET Name: 2004 WINTHROP WAY Address: City-St-Zip: TALLAHASSEE, FL 32308

( ) Delete Title: D Name: SMITH, CHRIS Address: 262 WEBB RD

City-St-Zip: WEST POINT, GA 31833

Title: ( ) Delete AKERS, JOYCE Name: 2902 COUNTY RD 852 Address: City-St-Zip: HEFLIN, AL 36264

Title: () Delete BALL, OLEN Name: Address: 2400 HAVENRIDGE DR ATLANTA, GA 30305 City-St-Zip:

(X) Change ( ) Addition

SMITH, CHRIS Name: Address: 262 WEBB ROAD City-St-Zip: WEST POINT, GA 31833

Title: (X) Change ( ) Addition

Name: GRAY, JANE Address: 169 PALOMA

City-St-Zip: SAN BENITO, TX 78586 US

Title: SD (X) Change ( ) Addition HOLT, BARBARA Name:

Address: 1811 SAGEWAY

City-St-Zip: TALLAHASSEE, FL 32303

Title: (X) Change ( ) Addition

Name: ARNOLD, LARRY Address: 6000 SHERWOOD DR. City-St-Zip: NASHVILLE, TN 37215 US

Title: (X) Change ( ) Addition

SHEPHERD, JIM Name: 8132 KNOLLCREEK CIR Address: City-St-Zip: INDIANAPOLIS, IN 46256 US

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GRACE A. LADA MGR 04/25/2009