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NONPROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N27242

(9)

1. Corporation Name				
LARCHMONT APARTMENTS SECTION NO. 3, INC.				
- / •	oiti tu	,1011 110, 0, 1110.		(ATRICICAT BOR AIRT), ARRIA NIBAK REALAN BARA BARAK REALA BARAK BARAK BARAK BARAK BARAK BARAK BARAK BARAK BAR
Principal Place	of Business	Mailing Address		s newsman drie statt naden radin atone ståt, dedni didis drikts drakt drakt didit die t
%ROBERT A. KIMBROUGH %ROBERT A. KIMBROUGH			4	
1530 CROSS STREET 1530 CROSS STREET			•	
SARASOTA	FL 34236	SARASOTA FL 34236		Date Incorporated or Qualified 3a. Date of Last Report
				05/01/1988 03/20/1995
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21 509		26 509 EL	VERNONA	59-2446320 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	· Khoitii	¢0.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	9	City & State SARASO	21	6. Election Campaign Financing \$5.00 May Be
23 5/	irasota	28 SARASON		Trust Fund Contribution Added to Fees
Zip	11 Couptry	Zip 342.36 3	Country	8. This corporation has liability for intangible tax under s. 199,032,
24	1 25 3AP.		10 EAK	Florida Statutes
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
81 Name ALLIA FOOLS				ANNA DODO
KIMBROUGH, ROBERT A.			82 Street	Address (P.O. Box Number is Not Acceptable)
1530 CROSS STREET				509 EL VERNONA
SARASOTA FL 34236				
			84 City	85 Zip Code a (
				√>14KUSG4-4 FL 34236
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 wi	th, and accept the obligations of Sections	on 617.0503, Florida Statutes.	oy the corporation s	
SIGNATURE .	Jan 1300	els, Seity A	NNIT BO	DO 4-12-96
12.	Significate, typed or printed name of redistered agent of OFFICERS AND		Registered Agent signature of 13.	
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	RICHARDSON, PATSY A.	N DECENE	1.2 NAME	LOUISE WITHINGTON Change Addition
STREET ADDRESS	511 EL VERNONA		1.3 STREET ADDRESS	501 EL VERNONA
CITY-ST-ZIP	SARASOTA FL		1.4 CITY - ST - ZIP	501 EL VERNONA SARASOTA 7L 34236
TITLE	VD	DOELETE	2.1 TITLE	✓▼ . □Ghange □ Addition
NAME	MCDONALD, GUDRUM		22 NAME	PATSY RICHARDSON
STREET ADDRESS	509 EL VERNONA		2.3 STREET ADDRESS	511 EL VERNONA
CITY-ST-ZIP	SARASOTA FL		2. 4 City-St-Zip	SARASOTA 74 34236
TITLE	SD	T Ø ELETE	3.1 TITLE	S
NAME	WITHINGTON, LOUISE	- -	3.2 NAME	ANNA BODO
STREET ADDRESS	501 EL VERNONA		3.3 STREET ADDRESS	509 EL VERNONA
CITY-ST-ZIP	SARASOTA FL		3.4. CITY - ST - ZIP	SARASOTA 71 34286
TITLE	TD	DELETE	4.1 TITLE	For thousand I Addition
NAME	PEEPLES, DAVID J		4. 2 NAME	DAVID J PEEPLES 513 EL VERNONA 34RASOTA 71 34136
STREET ADDRESS	513 EL VERNONA		4.3 STREET ADDRESS	513 EL VERNONA
CHTY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-2IP	SARASOTA 71 34236
TITLE	D	₩ 0EL E TE	5.1 TITLE	☐ Change ☐ Addition
NAME	DUNKLY, MARGARET M		5.2 NAME	MURIEL LEE
STREET ADDRESS	505 EL VERNONA AVENUE		5.3 STREET ADDRESS	519 EL VERNONA
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	SARASOVA 71 34236
THTLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	JENA DANIELS Change Paddition 523 EL VERNONA
STREET ADDRESS			63 STREET ADDRESS	DASEL VERNONA
CITY-ST-ZIP			64 CITY-ST-ZIP	SARASOTA 71 34236
14 I do bereb	v certify that the information cumplied u	ith this filing is voluntarily fundable	and and done and	slift for the avanuation stated in Casting 440 07/0/44 Flydd- China

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)(k), 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: _