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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90123 040 \*\*\*\*61.25

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**DOCUMENT # N27242**

1. Corporation Name

**LARCHMONT APARTMENTS SECTION NO. 3, INC.**

Principal Place of Business

C/O DAVID J. PEEPLES  
513 EL VERNONA AVE.  
SARASOTA FL 34236  
US

Mailing Address

C/O DAVID J. PEEPLES  
513 EL VERNONA AVE.  
SARASOTA FL 34236  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

**05/01/1988**

4. FEI Number

**59-2446320**

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

9. Name and Address of Current Registered Agent

PEEPLES, DAVID J  
513 EL VERNONA AVE.  
SARASOTA FL 34236

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 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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD  
NAME WITHINTON, LOUISE  
STREET ADDRESS 501 EL VERNONA  
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE VP  
NAME PRESSLER, DAN  
STREET ADDRESS 507 EL VERNONA AVE  
CITY-ST-ZIP SARASOTA FL 34236

☐ DELETE

TITLE TD  
NAME PEEPLES, DAVID J  
STREET ADDRESS 513 EL VERNONA  
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE D  
NAME PATSY, RICHARDSON  
STREET ADDRESS 511 EL VERNONA AVE  
CITY-ST-ZIP SARASOTA FL 34236

☐ DELETE

TITLE SD  
NAME DANIELS, JENA  
STREET ADDRESS 523 EL VERNONA  
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

*David J. Peeples*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 13, 1999 941-366-3781*  
Daytime Phone #

CR2E037 (11/98)