


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90130 018 \*\*\*\*61.25

**DOCUMENT # N27242**  
 1. Entity Name  
**LARCHMONT APARTMENTS SECTION NO. 3, INC.**



Principal Place of Business      Mailing Address  
**C/O DAVID J. PEEPLES**      **C/O DAVID J. PEEPLES**  
**513 EL VERNONA AVE.**      **513 EL VERNONA AVE.**  
**SARASOTA FL 34236**      **SARASOTA FL 34236**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E037 (11/03)

4. FEI Number      Applied For  
**59-2446320**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**PEEPLES, DAVID J**  
**513 EL VERNONA AVE.**  
**SARASOTA FL 34236**

**7. Name and Address of New Registered Agent**  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WITHINTON, LOUISE	
STREET ADDRESS	501 EL VERNONA	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRESSLER, DAN	
STREET ADDRESS	507 EL VERNONA AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEEPLES, DAVID J	
STREET ADDRESS	513 EL VERNONA	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DANIELS, JENA	
STREET ADDRESS	523 EL VERNONA	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	NIMZ, JUDY	
STREET ADDRESS	501 EL VERONA AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>David Peeples</i>	
STREET ADDRESS	<i>513 El Vernona Ave</i>	
CITY-ST-ZIP	<i>Sarasota, FL 34236</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

**SIGNATURE:** *David Peeples*      **5/14/04**      **941-366-3281**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #