FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27780 (8)

1. Corporation Name

LARCHMONT APARTMENTS SECTION NO. 1, INC.

Principal Place of Business	Mailing Address
[redacted]	[redacted]

3. Date Incorporated or Qualified: 08/08/1988	3a. Date of Last Report: 02/06/1995
4. FEI Number: 59-1796387	☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26 Bob Euwema
Suite, Apt. #, etc. 22: 402 El Vernona Ave	Suite, Apt. #, etc. 27: 402 El Vernona Ave
City & State 23: Sarasota, FL	City & State 28: Sarasota, FL
Zip 24: 34236 Country 25:	Zip 29: 34236 Country 30:

9. Name and Address of Current Registered Agent

[redacted]

CROSSED OUT IN ERROR.

10. Name and Address of New Registered Agent

81 Name: [redacted] JACK DOUSE

82 Street Address (P.O. Box Number is Not Acceptable): ~~420~~ El. Vernona Ave

83: [redacted]

84 City: Sarasota FL 85 Zip Code: 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 with, and accept the obligations of, Section 617.0303, Florida Statutes~~.

SIGNATURE: [redacted] 2/7/96

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DOUSE, JACK		1.2 NAME		
STREET ADDRESS	420 EL VERNON		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EUWEMA, ROBERT		2.2 NAME		
STREET ADDRESS	402 EL VERNONA		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FENDT, HARRY		3.2 NAME		
STREET ADDRESS	406 EL VERNONA		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, TONY		4.2 NAME		
STREET ADDRESS	424 EL VERNON		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DICKINSON, ROBERT		5.2 NAME		
STREET ADDRESS	428 EL VERNONA		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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)(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.

SIGNATURE: [redacted] 2/7/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

813-362-4375 [redacted]

Daytime Phone #

CR2E037 (12/95)