2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43684

Apr 25, 2009 Secretary of State

Entity Name: LATITUDE 29 RENTAL ASSOCIATION, INC.

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

21703 FRONT BEACH ROAD PANAMA CITY BEACH, FL 324133319

Current Mailing Address: New Mailing Address:

21703 FRONT BEACH ROAD PANAMA CITY BEACH, FL 324133319

FEI Number: 59-3075841 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 ROAD 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 LANE Address:

City-St-Zip: PELHAM, AL 35124

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

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

City-St-Zip: TALLAHASSEE, FL 32303

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

Title: () Delete

Name: Address: City-St-Zip:

(X) Change () Addition

BALL, OLEN Name:

Address: 240 HAVENRIDGE DR. City-St-Zip: ATLANTA, GA 30305 US

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 US

Title: D (X) Change () Addition

Name: O'DANIEL, BETTY Address: 252 SKYLINE DR. City-St-Zip: CADIZ, KY 42211 US

Title: () Change (X) Addition

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

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