


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90059 014 ****61.25

DOCUMENT # N43684

1. Entity Name
LATITUDE 29 RENTAL ASSOCIATION, INC.



Principal Place of Business Mailing Address

21703 FRONT BEACH ROAD **21703 FRONT BEACH ROAD**
PANAMA CITY BEACH FL 32413-3319 **PANAMA CITY BEACH FL 32413-3319**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3075841** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent.

LADA, GRACE A
21703 FRONT BEACH ROAD
PANAMA CITY BCH FL 32413

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	P	<input checked="" type="checkbox"/> Delete
NAME	HOLT, BOB	
STREET ADDRESS	1811 SAGEWAY	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAVID, ALAN	
STREET ADDRESS	480 IRONWOOD CIR	
CITY-ST-ZIP	CROSSVILLE TN 38571	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RAMAGE, ANDY	
STREET ADDRESS	417-A DOGWOOD LN	
CITY-ST-ZIP	TUSCALOOSA AL 35405	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAFIN, LARRY	
STREET ADDRESS	2001 CHANDABROOK DR	
CITY-ST-ZIP	PELHAM AL 35124	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMAGE, ANDY	
STREET ADDRESS	417-A DOGWOOD LN	
CITY-ST-ZIP	TUSCALOOSA AL 35405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY ARNOLD	
STREET ADDRESS	6000 SHERWOOD DR.	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS SMITH	
STREET ADDRESS	162 WEBB RD	
CITY-ST-ZIP	WEST POINT, GA 31833	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY O'DANIEL	
STREET ADDRESS	511 ABELSON DR.	
CITY-ST-ZIP	CARMI, IL 62681	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce AKERS	
STREET ADDRESS	2902 County Rd 852	
CITY-ST-ZIP	HEFLIN, AL 36264	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES SHEPHERD	
STREET ADDRESS	8132 Knollcreek Cir.	
CITY-ST-ZIP	INDIANAPOLIS, IN 46256	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Schopp	
STREET ADDRESS	1103 Summerlake Est.	
CITY-ST-ZIP	St. Louis, Mo 63026	

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 empowered.

SIGNATURE: *[Signature]* **REQUIRED** 4-27-03 256-748-8041

CR2E037 (10/02)