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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000005818 (7)
1. Corporation Name
123 51ST STREET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 435 10TH AVENUE W PALMETTO FL 34221
Mailing Address: 435 10TH AVENUE W PALMETTO FL 34221

3. Date Incorporated or Qualified: 11/14/1996
4. FEI Number: 65-0689324
Applied For: Not Applicable

2. Principal Place of Business: 21 117 51ST STREET, 22 Suite, Apt. #, etc.
2a. Mailing Address: 26 321 E. HARRIS, 27 Suite, Apt. #, etc.
23 City & State: Holmes Beach FL, 28 CHARLOTTE MI
24 Zip: 34217, 25 Country: USA, 29 Zip: 48813, 30 Country: USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: MAPES, STEPHEN W, 435 10TH AVENUE W, PALMETTO FL 34221

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 117 51ST ST., 83, 84 City: Holmes Beach, FL, 85 Zip Code: 34217

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: Stephen W. Mapes, President, 4-3-98
Signature, title or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|--|
| TITLE | PSTD | <input type="checkbox"/> DELETE |
| NAME | MAPES, STEPHEN W | |
| STREET ADDRESS | 435 10TH AVENUE W | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MAPES, WANDA S | |
| STREET ADDRESS | 435 10TH AVENUE W | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MAPES, REED W | |
| STREET ADDRESS | 435 10TH AVENUE W | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | PSTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | MAPES, STEPHEN W | |
| 1.3 STREET ADDRESS | 321 E. HARRIS | |
| 1.4 CITY-ST-ZIP | CHARLOTTE, MI 48813 | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MAPES, WYNDAS | |
| 2.3 STREET ADDRESS | 117 51ST ST | |
| 2.4 CITY-ST-ZIP | HOLMES BEACH, FL 34217 | |
| 3.1 TITLE | CROSHAN, WILLIAM D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | 119 51ST ST | |
| 3.4 CITY-ST-ZIP | HOLMES BEACH, FL 34217 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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.

SIGNATURE: Stephen W. Mapes, President, 4-3-98

CR2E037 (10/97)