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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005818

1. Corporation Name
123 51ST STREET CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
117 52ST STREET
HOLMES BEACH FL 34217
US

Mailing Address
321 EAST HARRIS
CHARLOTTE MI 48813
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	117 51ST ST	11/14/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0689324	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28	Holmes Beach FL	\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29	34217	\$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		30	FLORIDA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAPES, STEPHEN W 117 52ST STREET HOLMES BEACH FL 34217				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	<input type="checkbox"/> DELETE	1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAPES, STEPHEN W		1.2 NAME	MAPES, STEPHEN W	
STREET ADDRESS	321 EAST HARRIS		1.3 STREET ADDRESS	117 51ST ST	
CITY-ST-ZIP	CHARLOTTE MI 48813		1.4 CITY-ST-ZIP	Holmes Beach, FL 34217	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAPES, WANDA S		2.2 NAME		
STREET ADDRESS	117 51ST STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL 34217		2.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRENSHAW, WILLIAM		3.2 NAME	KATHY KOTOVSKY	
STREET ADDRESS	119 51ST STREET		3.3 STREET ADDRESS	119 51ST ST	
CITY-ST-ZIP	HOLMES BEACH FL 34217		3.4 CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *Stephen W Mapes* Stephen W Mapes 1/19/99 (57) 543 1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)