

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90004 028 \*\*\*\*61.25

**DOCUMENT # N96000005818**

1. Entity Name

**123 51ST STREET CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~117 52ST STREET~~  
**HOLMES BEACH FL 34217**  
 US

**117 51ST STREET**  
**HOLMES BEACH FL 34217-1825**  
 US

2. Principal Place of Business

3. Mailing Address

**117 51ST ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Holmes Beach**

City & State

4. FEI Number

**65-0689324**

Applied For

Not Applicable

Zip

**34217**

Country

**Manatee**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAPES, STEPHEN W.**  
**117 52ST STREET**  
**HOLMES BEACH FL 34217**

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.

SIGNATURE

*Stephen W. Mapes*

Signature, typed or printed name of registered agent and title (applicable).

(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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSTD**  Delete  
 NAME **MAPES, STEPHEN W**  
 STREET ADDRESS **117 51ST STREET**  
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MAPES, WANDA S**  
 STREET ADDRESS **117 51ST STREET**  
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **KOTOVSKY, KATHY**  
 STREET ADDRESS **119 51ST STREET**  
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MAPES, SARA**  
 STREET ADDRESS **117 51ST ST**  
 CITY-ST-ZIP **Holmes Beach, FL 34217**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Stephen W. Mapes* **Stephen W Mapes** 4/14/00 941 778-5611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #