

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90040 033 \*\*\*\*61.25

**DOCUMENT # N96000005818**

1. Entity Name  
**123 51ST STREET CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**117 51ST STREET  
HOLMES BEACH, FL 34217 US**

Mailing Address  
**117 51ST STREET  
HOLMES BEACH, FL 34217 US**



03132004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0689324</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE: \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAPES, STEPHEN W 117 51ST STREET HOLMES BEACH, FL 34217
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAPES, SARA W 117 51ST STREET HOLMES BEACH, FL 34217
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTOVSKY, KATHY 119 51ST STREET HOLMES BEACH, FL 34217
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Stephen W. Mapes* *Stephen W. Mapes* *3-25-04*

941 778 5611