

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

00059000

DOCUMENT # N13833

1. Entity Name

FIFTY-ELEVEN OCEAN BOULEVARD ASSOCIATION, INC.

04-17-2001 90157 019 ****61.25

Principal Place of Business

Mailing Address

% KEITH KNAPP
 5011 OCEAN BLVD.
 SARASOTA FL 34242-1634

1250 QUAIL DR
 SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

5011 OCEAN BLVD.
 Suite, Apt. #, etc.

5376 SHADOWLAWN DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

SARASOTA, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34242

Country

Zip

34242

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNAPP, KEITH
 1250 QUAIL DR
 SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name LANGEDYK, RICHARD

Street Address (P.O. Box Number is Not Acceptable)
5376 SHADOWLAWN DR.

City SARASOTA FL Zip Code 34242

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

Richard J. Langedyk RICHARD J. LANGEDYK 4-14-01

Signature, typed or printed name of registered agent and title if 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	PD	<input checked="" type="checkbox"/> Delete
NAME	KNAPP, KEITH	
STREET ADDRESS	5011 OCEAN BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STV	<input checked="" type="checkbox"/> Delete
NAME	KNAPP, CHRISTL MEISTER	
STREET ADDRESS	5011 OCEAN BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GEBHARD, DIETER	
STREET ADDRESS	5011 OCEAN BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNAPP, CHRISTL, MEISTER	
STREET ADDRESS	5011 OCEAN BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGEDYK RICHARD	
STREET ADDRESS	5376 SHADOWLAWN DR	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	STV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGEDYK, RUTH	
STREET ADDRESS	5376 SHADOWLAWN DR.	
CITY-ST-ZIP	SARASOTA, FL, 34242	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGEDYK KIMBERLY	
STREET ADDRESS	5402 SHADOWLAWN DR.	
CITY-ST-ZIP	SARASOTA, FL, 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard J. Langedyk* RICHARD J. LANGEDYK 4-14-01 941-349-4143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)