


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

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N13833  
 1. Entity Name  
 FIFTY-ELEVEN OCEAN BOULEVARD ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
 5011 OCEAN BV                      5376 SHADOWLAND DR  
 SARASOTA, FL 34242              SARASOTA, FL 34242

**DO NOT WRITE IN THIS SPACE**



04252004 No Chg-NP      CR2E037 (10/03)

4. FEI Number  
 NOT APPLICABLE      Applied For  
 Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LAUGEDYK, RICHARD  
 5376 SHADOWLAWN DR  
 SARASOTA, FL 34242

**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 \_\_\_\_\_ (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	PD LANGEDYK, RICHARD 5376 SHADOWLAWN DR SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV LANGEDYK, RUTH 5376 SHADOWLAWN DR SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGEDYK, KIMBERLY 5402 SHADOWLAWN DR SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000134860  
 04/28/04-80037-007 61.25

**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: Richard J. Langedyk      RICHARD J. LANGEDYK      4-25-04      941-349-4143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #