2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Jul 14, 2005 8:00 am Secrétary of State DOCUMENT # N96000005818 07-14-2005 90084 001 ****35.00 123 51ST STREET CONDOMINIUM ASSOCIATION, INC. 07-14-2005 90084 002 ****35.00 Principal Place of Business Mailing Address 117 51ST STREET 117 51ST STREET 06024625 HOLMES BEACH, FL 34217 HOLMES BEACH, FL 34217 US 2. Principal Place of Business 3. Mailing Address 119 51SI SIREC 119.51ST Suite, Apt. #, etc Suite, Apt. #, etc 06022005 Chg-NP CR2E037 (10/03) Applied For City & State 4. FEI Number 65-0689324 City & State HOLMES BEAC HOLMES BEACH Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KALHY MAPES, STEPHEN W 117 52ST STREET HOLMES BEACH, FL 34217 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 KATHY KOTON SIGNATURE 9. Election Campaign Financing Make check payable to \$5.00 May Be Filling Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PSTD TITLE TITLE ☐ Addition Delete MAPES, STEPHEN W NAME NAME STREET ADDRESS 117 51ST STREET STREET ADDRESS CITY-ST-ZIP HOLMES BEACH, FL 34217 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAPES, SARA W 🔎 NAME 117 51ST STREET STREET ADDRESS STREET ADDRESS HOLMES BEACH, FL 34217 CITY-ST-71P CITY-ST-ZIP PSTD KOTOVSKY, KATHY 119 51 ST ST (Change ☐ Delete TITLE ☐ Addition TITLE KOTOVSKY, ĶATHY NAME NAME 119 51ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLMES BEACH, FL 34217 CITY-ST-7IP HOLMESPEACH Change Delete TELL E **Addition** TITLE NAME NAME 昭的 CAMPBEU_, ISABEL 6754 CRESCENT LAKE DANE LAKELAND FL 33813 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Defete TITLE Addition WIMSATT CAROL NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

Addition

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.

CITY-ST-ZIP

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NAME

☐ Delete

SIGNATURE: