

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 23, 2009  
Secretary of State**

DOCUMENT# N96000005818

Entity Name: 123 51ST STREET CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

119 51ST STREET  
HOLMES BEACH, FL 34217 US

**New Principal Place of Business:**

**Current Mailing Address:**

119 51ST STREET  
HOLMES BEACH, FL 34217 US

**New Mailing Address:**

FEI Number: 65-0689324      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KOTOVSKY, KATHY  
119 51ST STREET  
HOLMES BEACH, FL 34217 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CAMPBELL, ISABEL  
Address: 6754 CRESCENT LAKE DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: WIMSATT, CAROL  
Address: 117 51ST STREET  
City-St-Zip: HOLMES BEACH, FL 34217 US

Title: PTSD ( ) Delete  
Name: KOTOVSKY, KATHY  
Address: 119 51ST STREET  
City-St-Zip: HOLMES BEACH, FL 34217

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY KOTOVSKY

PTSD

05/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date