

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**
95 MAR 23 PM 12:39
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 760105 (7)
1. Corporation Name
ORDUNA COURT CONDOMINIUM, INC.

Principal Place of Business Mailing Address
% MICHAEL E. REHR 3081 SALZEDO ST. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/18/1981** 3a. Date of Last Report **02/22/1994**
4. FEI Number **59-2215948** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required.**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**REHR, MICHAEL E
3081 SALZEDO STREET
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BREEDEN, MIKE
STREET ADDRESS	1215 MANATI AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DVS
NAME	CARDOTT, BERRY
STREET ADDRESS	800 S. DIXIE HWY. #308
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DPT
NAME	KNOTT, ERNIE
STREET ADDRESS	800 S. DIXIE HWY. #307
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	GUEL, ROBERTO
STREET ADDRESS	90 EDGEWATER DRIVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SILBERMAN, CECILY	
1.3 STREET ADDRESS	2575 S. BAYSHORE DR.	
1.4 CITY-ST-ZIP	MIAMI, FL 33133	
2.1 TITLE	D.V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GUEL, ROBERTO	
2.3 STREET ADDRESS	90 EDGEWATER DR.	
2.4 CITY-ST-ZIP	CORAL GABLES, FL.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cecily Silberman* **3-17-95** **305-858-0606**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CECILY SILBERMAN