


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90004 032 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760105**

1. Corporation Name  
**ORDUNA COURT CONDOMINIUM, INC.**

Principal Place of Business 220 MIRACLE MILE STE 238 CORAL GABLES FL 33134 US	Mailing Address % MICHAEL E. REHR 220 MIRACL E MILE STE 238 CORAL GABLES FL 33134 US
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2. Principal Place of Business 21 <b>4675 Ponce De Leon Blvd</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>same as 2.</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>09/18/1981</b>
22 <b>301</b>	27 <b>301</b>	4. FEI Number <b>59-2215948</b>
23 <b>CORAL GABLES, FL</b>	28 <b>CORAL GABLES FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 <b>33146</b> 25 <b>USA</b>	29 <b>33146</b> 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent REHR, MICHAEL E 220 MIRACLE MILE STE 238 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name <b>Michael E. Rehr</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4675 Ponce De Leon Blvd - Suite 301</b> 83 84 City <b>Coral Gables</b> FL 85 Zip Code <b>33146</b>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Michael E. Rehr, Registered Agent* DATE **1/8/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBERMAN, CECILY	1.2 NAME	
STREET ADDRESS	2575 S. BAYSHORE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUILL, ROBERTO	2.2 NAME	CARDOTT, BERRY E.
STREET ADDRESS	90 EDGEWATER DR.	2.3 STREET ADDRESS	1821 S.W. 11TH STREET
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	DPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOTT, ERNIE	3.2 NAME	
STREET ADDRESS	800 S. DIXIE HWY. #307	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, EDWARD	4.2 NAME	
STREET ADDRESS	606 BILTMORE WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 receiver 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, with all other like empowered.

SIGNATURE: *Michael E. Rehr* **SIGNATURE REQUIRED** DATE: **2/1/1999** (212) 790-4033 x

CR2E037 (11/98)