

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90013 042 ****61.25

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01042005 Chg-NP CR2E037 (10/03)

DOCUMENT # 760105					
1. Entity Name ORDUNA COURT CONDOMINIUM, INC.					
Principal Place of Business 800 SO. DIXIE HIGHWAY CORAL GABLES, FL 33146 US			Mailing Address 299 ALHAMBRA CIRCLE STE 404 CORAL GABLES, FL 33134 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2215948				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAMOS, ANTONIO F 299 ALHAMBRA CIRCLE STE 404 CORAL GABLES, FL 33134			Name: ANTONIO F. RAMOS Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTANA, JUAN C		NAME	WAYNE A. BARNES	
STREET ADDRESS	540 BRICKELL KEY DR #726		STREET ADDRESS	800 SOUTH DIXIE HIGHWAY # 202	
CITY-ST-ZIP	MIAMI, FL 33132639		CITY-ST-ZIP	CORAL GABLES, FL 33146-2664	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL HARVEY		NAME	MADELINE CHATT	
STREET ADDRESS	2060 LAKESHIRE DR		STREET ADDRESS	800 SOUTH DIXIE HIGHWAY # 107	
CITY-ST-ZIP	WEST BLOOMFIELD, MI 48323		CITY-ST-ZIP	CORAL GABLES, FL 33146-2663	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHATT, MADELINE		NAME	MANNY CASAMAYOR	
STREET ADDRESS	800 S. DIXIE HWY #107		STREET ADDRESS	531 GERONA AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 331482683		CITY-ST-ZIP	CORAL GABLES, FL 33146-2714	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE, BARNES A		NAME	LORRAINE RUBIO	
STREET ADDRESS	5911 MAYNADA STREET		STREET ADDRESS	1061 N.E. 196 STREET	
CITY-ST-ZIP	CORAL GABLES, FL 331463343		CITY-ST-ZIP	MIAMI, FL 33179-3513	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANA CHRISTINE, PERALTA		NAME	FRANCISCO DE LA TORRE	
STREET ADDRESS	800 S DIXIE HWY #304		STREET ADDRESS	3801 SOUTH LEJEUNE ROAD	
CITY-ST-ZIP	CORAL GABLES, FL 33148		CITY-ST-ZIP	COCONUT GROVE, FL 33146-2810	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOVANNA, MARTINEZ		NAME		
STREET ADDRESS	800 S. DIXIE HWY #306		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 331482687		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: <i>Wayne A. Barnes</i>		WAYNE A. BARNES JANUARY 4, 2005 (305)665-3550			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	