
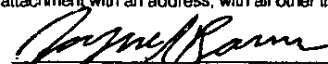


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90087 031 \*\*\*\*61.25

<b>DOCUMENT # 760105</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2215948	
				Applied For 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		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	VPD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHATT, MADELINE	NAME			
STREET ADDRESS	800 SOUTH DIXIE HIGHWAY #107	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 331462663	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASAMAYOR, MANNY	NAME			
STREET ADDRESS	531 GERONA AVENUE	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 331462714	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUBIO, LORRAINE	NAME			
STREET ADDRESS	1061 N.E. 196 STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 331793513	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAYNE, BARNES A	NAME	→ BARNES, WAYNE A.		
STREET ADDRESS	800 SOUTH DIXIE HIGHWAY #202	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 331462664	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELA TORRE, FRANCISCO	NAME			
STREET ADDRESS	3801 SOUTH LEJEUNE ROAD	STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE, FL 33146	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		WAYNE A. BARNES		3/15/07 786-514-0900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	