


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90017 018 \*\*\*\*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		4. FEI Number 59-2215948	
Zip	Country	Zip	Country	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNES, WAYNE A		NAME		
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: <i>Wayne A. Barnes</i>		WAYNE A. BARNES, PRESIDENT		MARCH 26, 2008 665-3550	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	