

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760105

FILED  
Jan 18, 2010  
Secretary of State

**Entity Name:** ORDUNA COURT CONDOMINIUM, INC.

**Current Principal Place of Business:**

800 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

800 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 331462661 US

**Current Mailing Address:**

299 ALHAMBRA CIRCLE  
STE 404  
CORAL GABLES, FL 331345117 US

**New Mailing Address:**

299 ALHAMBRA CIRCLE  
SUITE 404  
CORAL GABLES, FL 331345117 US

FEI Number: 59-2215948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMOS, ANTONIO F  
299 ALHAMBRA CIRCLE  
STE 404  
CORAL GABLES, FL 331345117 US

**Name and Address of New Registered Agent:**

RAMOS, ANTONIO F  
299 ALHAMBRA CIRCLE  
SUITE 404  
CORAL GABLES, FL 331345117 US

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.

SIGNATURE:

01/18/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BARNES, WAYNE A  
Address: 800 SOUTH DIXIE HIGHWAY # 202  
City-St-Zip: CORAL GABLES, FL 331462664

Title: VPD  
Name: GOTTSHALK, JOHN L  
Address: 800 SOUTH DIXIE HIGHWAY # 308  
City-St-Zip: CORAL GABLES, FL 331462667 US

Title: SD  
Name: CHATT, MADELINE  
Address: 800 SOUTH DIXIE HIGHWAY # 107  
City-St-Zip: CORAL GABLES, FL 331462663 US

Title: TD  
Name: RUBIO, LORRAINE  
Address: 1061 NE 196 STREET  
City-St-Zip: MIAMI, FL 331793513

Title: D  
Name: CASAMAYOR, MANNY  
Address: 921 HARDEE ROAD  
City-St-Zip: CORAL GABLES, FL 331463445

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WAYNE A BARNES

PD

01/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date