

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90124 018 ****61.25

DOCUMENT # 760105

1. Entity Name
ORDUNA COURT CONDOMINIUM, INC.



Principal Place of Business

**800 SO. DIXIE HIGHWAY
MIAMI FL 33146
US**

Mailing Address

**299 ALHAMBRA CIRCLE
STE 404
MIAMI FL 33134-5114**

40004024



2. Principal Place of Business

**800 SOUTH DIXIE HIGHWAY
Suite, Apt. #, etc.**

3. Mailing Address

**299 ALHAMBRA CIRCLE
Suite, Apt. #, etc.
SUITE 404**

CHECK HERE IF MAKING CHANGES

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number **59-2215948**

Applied For
 Not Applicable

Zip **33146-2661**

Country **USA**

Zip **33134-5114**

Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**REHR, MICHAEL E
9500 S. DADELAND BLVD., STE. 550
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **RAMOS, ANTONIO F.**
Street Address (P.O. Box Number is Not Acceptable)
**299 ALHAMBRA CIRCLE
SUITE 404**
City **CORAL GABLES** FL Zip Code **33134-5114**

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

Antonio F. Ramos

ANTONIO F. RAMOS

JANUARY 6, 2003

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MONTANA, JUAN C	
STREET ADDRESS	427 BLUE ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAUL, HARVEY	
STREET ADDRESS	800 SO. DIXIE HIGHWAY	
CITY-ST-ZIP	WEST BLOOMFIELD MI 48323-3835	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHATT, MADELINE	
STREET ADDRESS	800 S. DIXIE HWY #107	
CITY-ST-ZIP	MIAMI FL 33146-2683	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAYNE, BARNES A	
STREET ADDRESS	5911 MAYNADA STREET	
CITY-ST-ZIP	MIAMI FL 33146-3343	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANA CHRISTINE, PERALTA	
STREET ADDRESS	800 S. DIXIE HWY #301	
CITY-ST-ZIP	MIAMI FL 33146-2668	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOVANNA, MARTINEZ	
STREET ADDRESS	800 S. DIXIE HWY #306	
CITY-ST-ZIP	MIAMI FL 33146-2667	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTANA, JUAN CARLOS
STREET ADDRESS	540 BRICKELL KEY DRIVE # 726
CITY-ST-ZIP	MIAMI, FL 33131-2639
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, PAUL
STREET ADDRESS	2060 LAKESHIRE DRIVE
CITY-ST-ZIP	WEST BLOOMFIELD, MI 48323-3835
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATT, MADELINE
STREET ADDRESS	800 SOUTH DIXIE HIGHWAY #107
CITY-ST-ZIP	CORAL GABLES, FL 33146-2663
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, WAYNE A.
STREET ADDRESS	5911 MAYNADA STREET
CITY-ST-ZIP	CORAL GABLES, FL 33146-3343
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, MARJORIE SANDY
STREET ADDRESS	800 SOUTH DIXIE HIGHWAY # 304
CITY-ST-ZIP	CORAL GABLES, FL 33146-2666
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, YOVANNA
STREET ADDRESS	800 SOUTH DIXIE HIGHWAY # 306
CITY-ST-ZIP	CORAL GABLES, FL 33146-2667

12. 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 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 **REQUIRED WAYNE A. BARNES** **JANUARY 6, 2003 (786) 514-0900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debiting Phone #

CR2E037 (10/02)

Attachment #

~~760105~~

760105

40004024

ORDUNA COURT CONDOMINIUM, INC.

FEI # 59-2215948

Please add one additional Director of the Corporation to your records:

Director
Rubio, Lorraine
1061 N.E. 196 Street
Miami, FL 33179-3513