

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760105

**FILED**  
**Jan 08, 2018**  
**Secretary of State**  
**CC7728770564**

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

**Current Principal Place of Business:**

800 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 33146-2661

**Current Mailing Address:**

299 ALHAMBRA CIRCLE  
SUITE 404  
CORAL GABLES, FL 33134-5117 US

**FEI Number:** 59-2215948

**Certificate of Status Desired:** No

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

RAMOS, ANTONIO F  
299 ALHAMBRA CIRCLE  
SUITE 404  
CORAL GABLES, FL 33134-5117 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name MOTH, DANIEL JAY  
Address 2665 SOUTH BAYSHORE DRIVE  
SUITE 1103  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name RUBIO, LORRAINE MARIE  
Address 1061 NE 196 STREET  
City-State-Zip: MIAMI FL 33179-3513

Title REGISTERED AGENT  
Name RAMOS, ANTONIO F  
Address 299 ALHAMBRA CIRCLE  
SUITE 404  
City-State-Zip: CORAL GABLES FL 33134-5117

Title PD  
Name KAPOOR, RISHI  
Address 2665 SOUTH BAYSHORE DRIVE  
SUITE 1103  
City-State-Zip: COCONUT GROVE FL 33133-5642

Title SD  
Name MEZERHANE, CLAUDIA  
Address 2665 SOUTH BAYSHORE DRIVE  
SUITE 1103  
City-State-Zip: COCONUT GROVE FL 33133-5642

Title VPD  
Name ASTOR, FRANK  
Address 2665 SOUTH BAYSHORE DRIVE  
SUITE 1103  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name KAPOOR, JENNIE FRANK  
Address 2665 SOUTH BAYSHORE DRIVE  
SUITE 1103  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name GONZALEZ, RAYMOND  
Address 2665 SOUTH BAYSHORE DRIVE  
SUITE 1103  
City-State-Zip: COCONUT GROVE FL 33133

*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:** ANTONIO F RAMOS

**REGISTERED AGENT**

**01/08/2018**

Electronic Signature of Signing Officer/Director Detail

Date