

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760105

**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 PD  
Name MOTH, DANIEL J  
Address 800 SOUTH DIXIE HIGHWAY # 306  
City-State-Zip: CORAL GABLES FL 33146-2667

Title VPD  
Name CHATT, MADELINE  
Address 800 SOUTH DIXIE HIGHWAY # 107  
City-State-Zip: CORAL GABLES FL 33146-2663

Title SD  
Name VARA, OLGA  
Address 451 RIDGE ROAD  
City-State-Zip: CORAL GABLES FL 33143-6475

Title TD  
Name RUBIO, LORRAINE M  
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

*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:** DANIEL J. MOTH

PD

01/07/2014

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date