

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90090 034 ****61.25

0027873

DOCUMENT # N95000002174

1. Entity Name

THE 505 CONDOMINIUM, INC.

Principal Place of Business

**2425 ROAT DR
 ORLANDO FL 32835**

Mailing Address

**2425 ROAT DR
 ORLANDO FL 32835**

2. Principal Place of Business

3. Mailing Address

PO BOX 422557

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

4. FEI Number

59-3322217

Applied For

Not Applicable

Zip

Country

Zip

Country

34742

OSCEOLA

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NUGENT, CYNTHIA
 2425 ROAT DR
 ORLANDO FL 32835**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D COLE, KEVIN S**
 STREET ADDRESS **1531 GRAND VIEW BLVD**
 CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D AGUSTINES, MANUEL R**
 STREET ADDRESS **1394 NEPTUNE RD**
 CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D NUGENT, CYNTHIA**
 STREET ADDRESS **2425 ROAT DR**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LOBER, CLIFFORD W MD**
 STREET ADDRESS **3142 YATTIKA PL**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Cynthia Nugent
CYNTHIA NUGENT

4/11/01
 Date

407-578-6189
 Daytime Phone #

CR2E037 (10/00)