

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000002174**

1. Entity Name  
**THE 505 CONDOMINIUM, INC.**



Principal Place of Business  
**505 W OAK STREET  
KISSIMMEE, FL 34741**

Mailing Address  
**505 W OAK ST STE 102  
KISSIMMEE, FL 34741**



02232008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3322217</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**OVERTON-MORGAN, IRENE  
505 W OAK ST STE 102  
KISSIMMEE, FL 34741**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERTON-MORGAN, IRENE P.A. 5314 CORAL VINE LN KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATIQUEZZAMAN, TAHSINA Y M.D. 505 W. OAK ST., 202 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUINTO, AMELITA 3876 PINE LAKES CIR STOCKTON, CA 95219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBER, CLIFFORD W MD 3142 YATTIKA PL LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000840981  
03/07/08-80015-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

**IRENE OVERTON-MORGAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1 March 08 407-846-3717**  
Date Daytime Phone #