


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

DO NOT WRITE IN THIS SPACE



02232008 No Chg-NP CR2E037 (4/06)

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

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 ATIQUZZAMAN, 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	

U00000840981
 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 CA** 1 March 08 407-846-3717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #