

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N95000002174

Entity Name: THE 505 CONDOMINIUM, INC.

Current Principal Place of Business:

505 W OAK STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

505 W OAK STREET
102
KISSIMMEE, FL 34741

Current Mailing Address:

505 W OAK ST STE 102
KISSIMMEE, FL 34741

New Mailing Address:

505 W OAK ST STE 102
102
KISSIMMEE, FL 34741

FEI Number: 59-3322217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OVERTON-MORGAN, IRENE P.A.
Address: 5314 CORAL VINE LN
City-St-Zip: KISSIMMEE, FL 34758

Title: D () Delete
Name: ATIQUZZAMAN, TAHSINA Y M.D.
Address: 505 W. OAK ST., 202
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: GUINTO, AMELITA
Address: 3876 PINE LAKES CIR
City-St-Zip: STOCKTON, CA 95219

Title: D () Delete
Name: LOBER, CLIFFORD W MD
Address: 3142 YATTIKA PL
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IRENE OVERTON-MORGAN

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date