2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002174

Entity Name: THE 505 CONDOMINIUM, INC.

FILED Jun 28, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

505 W OAK STREET C/O 505 W OAK STREET STE 201

102 STE. 201

KISSIMMEE, FL 34741 KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

505 W OAK ST STE 102 C/O 505 W OAK ST STE 201

201

KISSIMMEE, FL 34741 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: Name and Address of New Registered Agent:

OVERTON-MORGAN, IRENE

505 W OAK ST STE 102

505 W OAK STREET S

 505 W OAK ST STE 102
 505 W OAK STREET, STE 201

 KISSIMMEE, FL 34741
 US

 KISSIMMEE, FL 34741
 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: CLIFFORD LOBER 06/28/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

Name: CHARLES, MITCHELL

Address: 1516 E. HILLCREST STREET, STE 210

City-St-Zip: ORLANDO, FL 32803

Title: D

Name: ATIQUZZAMAN, TAHSINA Y M.D.

Address: 505 W. OAK ST., 202 City-St-Zip: KISSIMMEE, FL 34741

Title: D

Name: GUINTO, AMELITA
Address: 3876 PINE LAKES CIR
City-St-Zip: STOCKTON, CA 95219

Title:

Name: LOBER, CLIFFORD W MD
Address: 505 W OAK STREET STE 201
City-St-Zip: KISSIMMEE, FL 34741

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: CLIFFORD LOBER D 06/28/2010