

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002174

FILED
Apr 30, 2012
Secretary of State

Entity Name: THE 505 CONDOMINIUM, INC.

Current Principal Place of Business:

C/O 505 W OAK STREET STE 201
STE. 201
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

C/O 505 W OAK ST STE 201
201
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3322217 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Title: S/T
Name: RESSOPOULOS, MELANIE
Address: 324 CORTONA DRIVE
City-St-Zip: ORLANDO, FL 32828

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: MELANIE RESSOPOULOS

S/T

04/30/2012

Electronic Signature of Signing Officer or Director

Date