


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90240 050 ****61.25

DOCUMENT # N95000002174

1. Entity Name
THE 505 CONDOMINIUM, INC.



Principal Place of Business
**2425 ROAT DR
 ORLANDO, FL 32835**

Mailing Address
**P.O. BOX 422557
 KISSIMMEE, FL 34742**

2. Principal Place of Business
505 W. OAK ST. KISS.

3. Mailing Address
505 W. OAK STREET.

Suite, Apt. #, etc.
102

City & State
KISSIMMEE FL

City & State
KISSIMMEE FL

Zip
34741

Country
USA



05082006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-3322217

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NUGENT, CYNTHIA
 2425 ROAT DR
 ORLANDO, FL 32835**


7. Name and Address of New Registered Agent

Name **IRGEN OVERTON-MORGAN**

Street Address (P.O. Box Number is Not Acceptable)
**505 W. OAK STREET
 Suite 102**

City **KISSIMMEE, FL** Zip Code **34741**

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  **CYNTHIA NUGENT** **05/08/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**Filing Fee is \$61.25
 Due by September 6, 2006**

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

**Make check payable to
 Florida Department of State**


10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLE, KEVIN S	
STREET ADDRESS	719 PARK LAKE DR. CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGUSTINES, MANUEL R	
STREET ADDRESS	1394 NEPTUNE RD	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NUGENT, CYNTHIA	
STREET ADDRESS	2425 ROAT DR	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOBER, CLIFFORD W MD	
STREET ADDRESS	3142 YATTIKA PL	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERTON-MORGAN IRENE	
STREET ADDRESS	5314 CORAL VINE LANE	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUINTO, AMELITA	
STREET ADDRESS	3876 PINE LAKES CIRCLE	
CITY-ST-ZIP	STOCKTON, CALIFORNIA. 95219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** **05/08/06** **407-932-1117**

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