


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90079 003 ****61.25

DOCUMENT # N95000002174

1. Entity Name
THE 505 CONDOMINIUM, INC.



Principal Place of Business
**505 W OAK ST STE 102
 KISSIMMEE, FL 34741**

Mailing Address
**505 W OAK ST STE 102
 KISSIMMEE, FL 34741**

40038334

2. Principal Place of Business - No P.O. Box #
505 W. OAK STREET

3. Mailing Address
 Suite, Apt. #, etc. _____

City & State
KISSIMMEE, FLORIDA

City & State

Zip
34741

Country
U.S.A.



03152007 Chg-NP CR2E037 (12/06)

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City
FL Zip Code _____

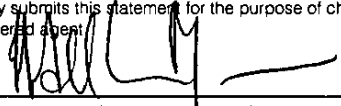
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City
 _____ Zip Code _____

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  _____

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 May 1, 2007**

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

Make check payable to Florida Department of State

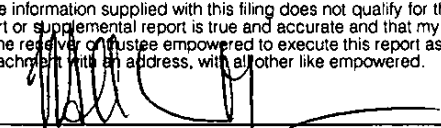
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERTON-MORGAN, IRENE 5314 CORAL VINE LN KISSIMMEE, FL 34758 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUSTINES, MANUEL R 1394 NEPTUNE RD KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUINTO, AMELITA 3876 PINE LAKES CIR STOCKTON, CA 95219 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBER, CLIFFORD W MD 3142 YATTIKA PL LONGWOOD, FL 32779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERTON-MORGAN, IRENE, P.A. 5314 CORAL VINE LN KISSIMMEE, FL 34758 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATIQUZZAMAN, TAHSINA, Y, M.D. 505 W. OAK ST, SUITE 202. KISSIMMEE, FL, 34741. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  _____

Signature and typed or printed name of signing officer or director Date **3/15/07** Daytime Phone # **407 846-3717**