


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000002174

1. Entity Name
THE 505 CONDOMINIUM, INC.



Principal Place of Business Mailing Address

**505 W OAK STREET
KISSIMMEE, FL 34741** **505 W OAK ST STE 102
KISSIMMEE, FL 34741**

DO NOT WRITE IN THIS SPACE



02232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3322217	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERTON-MORGAN, IRENE P.A. 5314 CORAL VINE LN KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATIQUZZAMAN, TAHSINA Y M.D. 505 W. OAK ST., 202 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUINTO, AMELITA 3876 PINE LAKES CIR STOCKTON, CA 95219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBER, CLIFFORD W MD 3142 YATTIKA PL LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000840981
03/07/08-80015-019 61.25

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 CA** Date **1 March 08** Daytime Phone # **407-846-3717**