

**2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Sep 26, 2011  
Secretary of State**

DOCUMENT# N95000002174

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: CLIFFORD LOBER

\_\_\_\_\_  
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

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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

09/26/2011

\_\_\_\_\_  
Date