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

SIGNATURE: CHARLES J MITCHELL, JR

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :						
Title	D	Title	D			
Name	CHARLES, MITCHELL	Name	ATIQUZZAMAN, TAHSINA			
Address	1516 E. HILLCREST STREET, STE 210	Address	505 W. OAK ST., 202			
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	KISSIMMEE FL 34741			
Title	D	Title				
Name	GUINTO, AMELITA	Name	LOBER, CLIFFORD WMD			
Address	3876 PINE LAKES CIR	Address	505 W OAK STREET STE 2			

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.

Officer/I

SIGNATURE:

LOBER, CLIFFORD 505 W OAK STREET, STE 201 KISSIMMEE, FL 34741 US	
KISSIMMEE, FL 34741 US	

Electronic Signature of Registered Agent

Current Mailing Address:

ORLANDO, FL 32803 US

FEI Number: 59-3322217

Name and Address of Current Registered Agent:

DOCUMENT# N9500002174

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE 505 CONDOMINIUM, INC.

Current Principal Place of Business:

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

1516 EAST HILLCREST STREET SUITE 210

Name	Solivio, Amelina	Address	505 W OAK STREET STE 201
Address	3876 PINE LAKES CIR	City State Zin:	KISSIMMEE FL 34741
City-State-Zip:	STOCKTON CA 95219	City-State-Zip.	

Certificate of Status Desired: No

04/30/2013

DIRECTOR

Date

YM.D.