# 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: CHARLES J MITCHELL JR

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N95000002174

Entity Name: THE 505 CONDOMINIUM, INC.

#### **Current Principal Place of Business:**

505 W OAK STREET STE 201 KISSIMMEE, FL 34741

## **Current Mailing Address:**

1516 EAST HILLCREST STREET SUITE 210 ORLANDO, FL 32803 US

## FEI Number: 59-3322217

#### Name and Address of Current Registered Agent:

LOBER, CLIFFORD 505 W OAK STREET, STE 201 KISSIMMEE, FL 34741 US FILED Mar 19, 2015 Secretary of State CC3228874667

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

Title	D	Title	D
Name	CHARLES, MITCHELL	Name	ATIQUZZAMAN, TAHSINA YM.D.
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
T:41 -		<b>T</b> <sup>1</sup> /1	
Title	D	Title	D
Name	D GUINTO, AMELITA	l itle Name	D LOBER, CLIFFORD WMD
			-
Name	GUINTO, AMELITA	Name	LOBER, CLIFFORD WMD

a Officer/Director Detail

DIRECTOR

03/19/2015 Date

Date