

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002174

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC0005202838**

**Entity Name:** THE 505 CONDOMINIUM, INC.

**Current Principal Place of Business:**

101 PARK PLACE BLVD.  
SUITE 2  
KISSIMMEE, FL 34741

**Current Mailing Address:**

101 PARK PLACE BLVD.  
SUITE 2  
KISSIMMEE, FL 34741 US

**FEI Number:** 59-3322217

**Certificate of Status Desired:** No

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

ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL, INC.  
101 PARK PLACE BLVD.  
SUITE 2  
KISSIMMEE, FL 34741 US

*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:** LESLIE LUDLAM

04/14/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ATIQUZZAMAN, TAHSINA YM.D.  
Address 101 PARK PLACE BLVD.  
SUITE 2  
City-State-Zip: KISSIMMEE FL 34741

Title D  
Name GUINTO, AMELITA  
Address 101 PARK PLACE BLVD.  
SUITE 2  
City-State-Zip: KISSIMMEE FL 34741

Title D  
Name LOBER, CLIFFORD WMD  
Address 101 PARK PLACE BLVD.  
SUITE 2  
City-State-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

**DIRECTOR**

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date