FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9500002174

THE 505 CONDOMINIUM, INC.

Principal Place of Bus
2425 ROAT DR
ORLANDO FL 32835

22

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2425 ROAT DR ORLANDO FL 32835

2a. Mailing Address

City & State

27

Suite, Apt. #, etc.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90059 008 ****61.25

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

05/01/1995

59-3322217

4. FEI Number

Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be	City & State .		City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
P. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NUGENT, CYNTHA 2425 ROAT DR. ORLANDO FL 32835 44 City FL 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0500 and 617 1500. Florida Subtles. the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section Statutes. The above-name was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section Statutes. The above-name was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section Statutes. The corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of	Zip	Country	<u> </u>	Zip Country		6. Election Campaign Financing	•	• 1		
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NUGENT, CYNTHIA 2425 ROAT DR ORLANDO FL 32835 84	5-4					10. Name and Address of New Registered Agent				
242S ROAT DR ORLANDO FL 32835 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and eccept the obligations of, Section 817.0503, Florida Statutes. SIGNATURE Signature, Typed or prised rains of inquisited agent and 356 if registered agent and accept the obligations of, Section 817.0503, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12 ITILE D COLE, KEVIN S STREET ADDRESS GITY-ST-ZP LISSIMMEE FL 34744 TILE D AGUSTINES, MANUEL R STREET ADDRESS GITY-ST-ZP NAME AGUSTINES, MANUEL R STREET ADDRESS GITY-ST-ZP NAME NAME STREET ADDRESS GITY-ST-ZP NAME O NUGENT, CYNTHIA 22 STREET ADDRESS GITY-ST-ZP TILE D OLOBER, CLIFFORD W MD STREET ADDRESS STREET ADDRESS GITY-ST-ZP TILE D OLOBER, CLIFFORD W MD STREET ADDRESS GITY-ST-ZP TILE D OLOBER, CLIFFORD W MD STREET ADDRESS GITY-ST-ZP TILE D OLOBER, CLIFFORD W MD STREET ADDRESS GITY-ST-ZP TILE D OLOBER CLIFFORD W MD STREET ADDRESS GITY-ST-ZP TILE D OLOBER CLIFFORD W MD STREET ADDRESS GITY-ST-ZP TILE D OLOBER CLIFFORD W MD STREET ADDRESS GITY-ST-ZP SAMME SAMME SAMME SAMME SAMME SAMME			 -	81	Nam	ne				
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Addition ORLANDO FL 32835 83 84	·					·				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epiperhimment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epiperhimment as registered agent, and accept the obligations of, Section 617.6508, Proficed Statutes. SIGNATURE Continue							-			
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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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.