

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90090 034 \*\*\*\*61.25

0027873

**DOCUMENT # N95000002174**

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

Principal Place of Business      Mailing Address  
**2425 ROAT DR**                              **2425 ROAT DR**  
**ORLANDO FL 32835**                      **ORLANDO FL 32835**

**642917**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      **PO BOX 422557**  
 Suite, Apt. #, etc.

City & State                              City & State  
**KISSIMMEE FL**

4. FEI Number      Applied For  
**59-3322217**                              Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired            **\$8.75 Additional Fee Required**  
**34742**      **OSCEOLA**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>NUGENT, CYNTHIA</b> <b>2425 ROAT DR</b> <b>ORLANDO FL 32835</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLE, KEVIN S</b>	NAME	
STREET ADDRESS	<b>1531 GRAND VIEW BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGUSTINES, MANUEL R</b>	NAME	
STREET ADDRESS	<b>1394 NEPTUNE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUGENT, CYNTHIA</b>	NAME	
STREET ADDRESS	<b>2425 ROAT DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOBER, CLIFFORD W MD</b>	NAME	
STREET ADDRESS	<b>3142 YATTIKA PL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Cynthia Nugent*      **CYNTHIA NUGENT**      4/11/01      407-578-6189  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #

CR2E037 (10/00)