FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:15

DOCUMENT # 745463 (0)

1. Corporation Name

IRONWEDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% NORDE MANAGEMENT CORP., 6047 KIMBERLY BLVD., SUITE N N. LAUDERDALE FL 33068	% NORDE MANAGEMENT CORP., 6047 KIMBERLY BLVD., SUITE N N. LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1978
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2005862 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOTLER, MICHAEL 1800 CORPORATE BLVD. STE-300 BOCA RATON FL 33431	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	JUHL, JIM	1.2 NAME		
STREET ADDRESS	22911 IRONWEDGE DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE	SD	X Change ☐ Addition
NAME	FEINGOLD, MATTHEW	2.2 NAME		
STREET ADDRESS	22907 IRONWEDGE DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	TD	X Change ☐ Addition
NAME	PETERSON, BARBARA	3.2 NAME	TURNER, PAUL	
STREET ADDRESS	22936 IRONWEDGE DR.	3.3 STREET ADDRESS	22892 IRONWEDGE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BREYER, LILLIAN	4.2 NAME		
STREET ADDRESS	6075 GLENDALE DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	LADAU, GLEN	5.2 NAME		
STREET ADDRESS	6002 GLENDALE DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ JAMES E. JUHL 2/9/95 305-973-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006465