

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90065 018 ****61.25

DOCUMENT # 745463

1. Corporation Name

IRONWEDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

% NORDE MANAGEMENT CORP.
6047 KIMBERLY BLVD., SUITE N
N. LAUDERDALE FL 33068

Mailing Address

% NORDE MANAGEMENT CORP.
6047 KIMBERLY BLVD., SUITE N
N. LAUDERDALE FL 33068



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/29/1978

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

9. Name and Address of Current Registered Agent

KOTLER, MICHAEL
1800 CORPORATE BLVD.
STE-300
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MONTROSE, JUDITH A.
STREET ADDRESS 5990 GLENDALE DRIVE
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE VD
NAME VULPIS, SAMUEL R.
STREET ADDRESS 22864 IRONWEDGE DRIVE
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE SD
NAME LUBIN, SHARON F.
STREET ADDRESS 22895 IRONWEDGE DRIVE
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

TITLE D
NAME BREYER, LILLIAN
STREET ADDRESS 6075 GLENDALE DR
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

TITLE TD
NAME CANTER, NEIL J.
STREET ADDRESS 22878 IRONWEDGE DRIVE
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME MOSHER, JOHN W.
3.3 STREET ADDRESS 5992 GLENDALE DR.
3.4 CITY-ST-ZIP BOCA RATON, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)