

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

0036511

DOCUMENT # 745463

1. Entity Name

IRONWEDGE PROPERTY OWNERS ASSOCIATION, INC.

03-06-2001 90009 035 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2005862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JUHL, JAMES
STREET ADDRESS 22911 IRONWEDGE DR.
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME MAIDAN, RIFKA
STREET ADDRESS 22960 IRONWEDGE DR.
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME STEIN, CAROL
STREET ADDRESS 6027 GLENDALE DRIVE
CITY-ST-ZIP BACO RATON FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE OF OFFICER VULPIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/01

Date

561-3950617

Daytime Phone #

CR2E037 (10/00)