2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-16-2001 90476 031 ****70.00

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DOCUMENT # 743305

1. Entity Name

ANIRON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
78 BASSETT ROAD NORTH HAVEN, CONNECTICUT 06473-1901	78 BASSETT ROAD NORTH HAVEN, CONNECTICUT 06473-1901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4528 S.E. 5TH PL	4528 S.E. 5TH PL
Suite, Apt. #, etc.: #6	Suite, Apt. #, etc.: #6
City & State: CAPE CORAL, FL	City & State: CAPE CORAL, FL
Zip: 33904 Country: ~~USA~~	Zip: 33904 Country:

4. FEI Number 65-0050314 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VAVISO, DALE 220 90TH AVENUE, NORTHEAST ST. PETERSBURG FL 33702	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD ROSSETTI, RONALD R. 78 BASSETT RD. NORTH HAVEN CT 06473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROSSETTI, ANITA J. 78 BASSETT RD. NORTH HAVEN CT 06473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORTUNA, NANCY 11 SURREY DR NORTH HAVEN CT 06473	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SEYEZ, MICHELE 4528 SE 5TH PL #8 CAPE CORAL FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANK RICHETELLI 4524 S.E. 5TH PL #1 CAPE CORAL, FL 33904 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED RONALD R. ROSSETTI 4/12/01 941 945-3579 203 239-0655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #