NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
03-11-2002 90077 036 ****61.25

DOCUMENT # 743305

1. Entity Name
ANIRON CONDOMINIUM

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

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

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

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7. Name and Address of Current Registered Agent

Name: RONALD ROSSETTI
Street Address (P.O. Box Number is Not Acceptable): 4528 S.E. 5TH PL #6
City: CAPE CORAL FL Zip Code: 33904

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: RONALD ROSSETTI — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 2/25/02

FEE IS $61.25 Initial or Amended UBR	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

TITLE	P D	TITLE	
NAME	MARC STRENGHOLT	NAME	
STREET ADDRESS	3137-6 EAST CRYSTAL WATERS DR	STREET ADDRESS	
CITY-ST-ZIP	HOLLAND, MI 49424	CITY-ST-ZIP	
TITLE	VP D	TITLE	
NAME	CHARLES GRUCHY	NAME	
STREET ADDRESS	585 ATHERLEY RD #113	STREET ADDRESS	
CITY-ST-ZIP	ORILLIA, ONT. CANADA L3V7L5	CITY-ST-ZIP	
TITLE	T D	TITLE	
NAME	RONALD ROSSETTI	NAME	
STREET ADDRESS	4528 S.E. 5TH PL #6	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	MELISSA JO VANOFORD	NAME	
STREET ADDRESS	4528 S.E. 5TH PL #8	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD ROSSETTI — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — TREAS "D" — 2/25/02 Date — 941 945-3579 Daytime Phone #