2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State
02-14-2008 90030 017 ****70.00

DOCUMENT # 745463

1. Entity Name
IRONWEDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business
A & N MANAGEMENT INC
902 CLINT MOORE ROAD SUITE 110
BOCA RATON, FL 33-4875

Mailing Address
A & N MANAGEMENT INC
902 CLINT MOORE ROAD SUITE 110
BOCA RATON, FL 33-4875

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

01142008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2005862
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FEIN, ANDREW F
980 NORTH FEDERAL HIGHWAY,
SUITE 412
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANGOS, LOUIS	NAME	
STREET ADDRESS	22902 IRONWEDGE DR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOLIMINE, NICHOLAS	NAME	
STREET ADDRESS	22932 IRONWEDGE DR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WATKIN, NATHANEL	NAME	
STREET ADDRESS	22884 IRONWEDGE DR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUTTON, DREW	NAME	
STREET ADDRESS	22888 IRONWEDGE DR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHINDERMAN, CHARLES	NAME	
STREET ADDRESS	22864 IRONWEDGE DR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 2/12/08 561 282 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #