

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90012 011 ****61.25

DOCUMENT # N05000001807

1. Entity Name

**NORTH POINT AT IRONWOOD HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**633 N.W. 8TH AVENUE
GAINESVILLE FL 32601**

Mailing Address

**633 N.W. 8TH AVENUE
GAINESVILLE FL 32601**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-1278050

APPLIED FOR

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

**HERKALO, DAVID
633 N.W. 8TH AVENUE
GAINESVILLE FL 32601**

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 (Applicable)

(NOTE: Registered Agent signature is required when reappointing)

DATE

**FILE NOW - 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERKALO, DAVID	
STREET ADDRESS	633 N.W. 8TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT	
STREET ADDRESS	633 N.W. 8TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WISE, ANDREW	
STREET ADDRESS	633 N.W. 8TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEARDSLEY, CHERY	
STREET ADDRESS	633 N.W. 8TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Beardsley, Cheryl

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

David Herkalo **DAVID HERKALO** 3-26-08 352 380-5119