2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N05000001807

Entity Name: NORTH POINT AT IRONWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1278050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HERKALO, DAVID
Address: 633 N.W. 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: VPD ( ) Delete
Name: JOHNSON, ROBERT
Address: 633 N.W. 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: SD ( ) Delete
Name: WISE, ANDREW
Address: 633 N.W. 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: T ( ) Delete
Name: BEARDSLEY, CHERYL
Address: 633 N.W. 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HERKALO, DAVID
Address: 633 N.W. 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: VD (X) Change ( ) Addition
Name: LANTERI, LOIS
Address: 4702 NE 15TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: TD (X) Change ( ) Addition
Name: COLBY, MICHAEL
Address: 4523 NE 16TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: PD (X) Change ( ) Addition
Name: MONLYN, GINA
Address: 4672 NE 16TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HERKALO D 03/24/2009

Electronic Signature of Signing Officer or Director — Date