2005 NOT-FOR-PROFIT CORPORATION



DOCUMENT # N07501 1. Entity Name IRONGATE CONDOMINIUM ASSOCIATION, INC.

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Principal Place of Business 3872-E TAMIAMI TRAIL PT. CHARLOTTE, FL 33952		Mailing Address 3872 D TAMIAMI TRAIL PT CHARLOTTE, FL 33952 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		3872-A AMIAMI RAT Suite, Apt. #, etc.		10122005 REIN-NP CR2E099 (6/04)					
City & State		City & State		4. FEI Number		· · · · ·	plied For		
Zip	Country	TT Charlott		ny .	59-2538398		88.75 Addi	t Applicable	
Ζιρ		33962	AND	ielotte	5. Certificate of Sta		Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
D'APRILE, D 3872D TAMI						P.O. Box Number is Not Acceptable)			
	OTTE, FL 33952	<u> </u>		ንያገ <u>ን</u> ሦ	TAMIANI TEARI				
				City	Chaelotte	······	Zo_ <u>Cod</u> e	= \	
8. The above TZ	amed entity submits this statement for	or the ouroose of changing its	registered	office or register		· •		and accept	
the obligation	ns of registered agent.				3 ,,			· · · · · · · · · · · · · · · · · · ·	
SIGNATURE WWW COOKET M. TOEW						<u> </u>	10/3005	<u> </u>	
SI	gnature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registered /	Agent signature requir	ed when reinstating)	DAT	E		
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297									
		.50		•			eck payable to partment of Sta		
After Janu	uary 1, 2006, Fee will be \$297 OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGE	Florida Dep	DIRECTORS IN	ate 10	
After Janu 10. mle F	uary 1, 2006, Fee will be \$297 OFFICERS AND DI		11. TITLE NAME	Pros	ESTA DOTA	Florida Dep	partment of Sta	ate	
10. TITLE F NAME C STREET ADDRESS 3	OFFICERS AND DI OFFICERS AND DI PD D'APRILE, DENISE 3872 D. TAMIAMI TRAIL	RECTORS Delete	TITLE NAME STREET	Peop	con M. Poeto	Florida Dep	DIRECTORS IN Change	ate 10	
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12. Thereby 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 eport 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 truttee ampowered 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR