2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N07501

1. Entity Name
IRONGATE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3872-E TAMIAMI TRAIL PT. CHARLOTTE, FL 33952	3872-A TAMIAMI TRAIL PT CHARLOTTE, FL 33952 US

01262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2538398
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PORTO, ROBERT M
3872-A TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

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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 _____ 2/9/2006
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, 2006

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

U00000434286
02/24/06-80057-005 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PORTO, ROBERT M
STREET ADDRESS	3872-A TAMIAMI TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	DV
NAME	O'CONNELL, ROBERT A
STREET ADDRESS	19396 MIDWAY BLVD.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	DP
NAME	O'CONNELL, JOSEPH
STREET ADDRESS	19396 MIDWAY
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	VP
NAME	HONIG, KEVIN
STREET ADDRESS	3872 E TAMIAMI TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2-9-06 941 627-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #