

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07501

FILED
Mar 31, 2008
Secretary of State

Entity Name: IRONGATE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3872-E TAMiami TRAIL
PT. CHARLOTTE, FL 33952

New Principal Place of Business:

3872 TAMiami TRAIL
PT. CHARLOTTE, FL 33952

Current Mailing Address:

3872-A TAMiami TRAIL
PT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 59-2538398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTO, ROBERT M
3872-A TAMiami TRAIL
PORT CHARLOTTE, FL 33952 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: P () Delete
Name: PORTO, ROBERT M
Address: 3872-A TAMiami TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DV () Delete
Name: O'CONNELL, ROBERTA
Address: 19396 MIDWAY BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DP () Delete
Name: O'CONNELL, JOSEPH
Address: 19396 MIDWAY
City-St-Zip: PORT CHARLOTTE, FL

Title: VP () Delete
Name: HONIG, KEVIN
Address: 3872 E TAMiami TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT PORTO

P

03/31/2008

Electronic Signature of Signing Officer or Director

Date