2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07501

Entity Name: IRONGATE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3872 TAMIAMI TRAIL
PT. CHARLOTTE, FL 33952

New Principal Place of Business:

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	(X) 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 04/30/2009

Electronic Signature of Signing Officer or Director — Date