# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 10, 2006 8:00 am**
**Secretary of State**
04-10-2006 90313 047 ****61.25

600025028

DOCUMENT # N10402

1. Entity Name
IRONGATE NORTH CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2205-F TAMIAMI TRAIL<br>PORT CHARLOTTE, FL 33948 | 2205-F TAMIAMI TRAIL<br>PORT CHARLOTTE, FL 33948 |

03232006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LANDRY, SHARON<br>2205-F TAMIAMI TRAIL<br>PORT CHARLOTTE, FL 33948 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>BROWN, JIM<br>185 CARISLE AVE.<br>PORT CHARLOTTE, FL 33948 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>DEPTULA, WALT<br>3819 Wistevia PL<br>Punta Gorda, FL 33950 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>DEPTULA, WALT<br>3819 WISTEVIA PL<br>PUNTA GORDA, FL 33950 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JACK TANDON<br>6 N. Wynstone Dr<br>North Barrington, IL 60010 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LANDRY, SHARON<br>104 MYAKKA DRIVE<br>VENICE, FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>LANDRY, SHARON<br>104 MYAKKA DR<br>VENICE, FL 34293 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HAYDEN, RON<br>2221-A TAMIAMI TRAIL<br>PORT CHARLOTTE, FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>LANDRY, SHARON<br>104 MYAKKA DR<br>VENICE, FL 34293 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Sharon Landry 4.6.06 941.255.3878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #