

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743305

Entity Name: ANIRON CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4528 SE 5TH PLACE
CAPE CORAL, FL 33904**Current Mailing Address:**4902 S.W. 25TH PL
CAPE CORAL, FL 33914**FEI Number:** 65-0050314**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRENGTHOLT, MARC A
4902 S.W. 25TH PL
CAPE CORAL, FL 33914 US*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**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	JAMES, DIANE
Address	4528 SE 5TH PL #6
City-State-Zip:	CAPE CORAL FL 33904

Title	VP, SECRETARY, DIRECTOR
Name	HOFFMAN, LINDA
Address	2605 LEFFINGWELL NE
City-State-Zip:	GRAND RAPIDS MI 49525

Title	DIRECTOR
Name	THORNHILL, MICHAEL J
Address	25 DIVISION STREET
City-State-Zip:	CLOSTER NJ 07624-1816

Title	TREASURER, DIRECTOR
Name	STRENGTHOLT, MARC A
Address	4902 S.W. 25TH PL
City-State-Zip:	CAPE CORAL FL 33914

Title	DIRECTOR
Name	ACQUARULO, CAROL
Address	133 SOUTH AVENUE
City-State-Zip:	NORTH HAVEN CT 06473

Title	DIRECTOR
Name	SCHULTZ, JAMES J
Address	4524 SE 5TH PL. UNIT 2
City-State-Zip:	CAPE CORAL FL 33904

I hereby 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 all other like empowered.

SIGNATURE: MARC A STRENGTHOLT**TREASURER****03/06/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date