## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 745463** 

Entity Name: IRONWEDGE PROPERTY OWNERS ASSOCIATION, INC.

FILED Feb 20, 2024 Secretary of State 5144093268CC

## **Current Principal Place of Business:**

C/O GRANT PROPERTY MANAGEMENT 851 BROKEN SOUND PKWY. NW SUITE 102 BOCA RATON, FL 33487

## **Current Mailing Address:**

C/O GRANT PROPERTY MANAGEMENT 851 BROKEN SOUND PKWY. NW SUITE 102 BOCA RATON, FL 33487 US

FEI Number: 59-2005862 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BACKER, KEITH ESQ. 400 SOUTH DIXIE HIGHWAY SUITE 420 BOCA RATON, FL 33432 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: KEITH BACKER 02/20/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, PRESIDENT Title SECRETARY

Name INGRID, COUTLANGUS Name VAL, SHARGORODSKY
Address C/O GRANT PROPERTY Address C/O GRANT PROPERTY

MANAGEMENT MANAGEMENT

851 BROKEN SOUND PKWY. NW 851 BROKEN SOUND PKWY. NW

SUITE 102 SUITE 102

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: BOCA RATON FL 33487

Title TREASURER Title VP

Name KATHLEEN, MOORHEAD Name FRANKIE, WILSON

Address C/O GRANT PROPERTY Address C/O GRANT PROPERTY

MANAGEMENT MANAGEMENT

851 BROKEN SOUND PKWY. NW 851 BROKEN SOUND PKWY. NW

SUITE 102 SUITE 102

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: BOCA RATON FL 33487

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.