

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725427 (9)

1. Corporation Name

IRONWOOD, INC.

Principal Place of Business

**528 BRISTLECONE LANE
NAPLES FL 33962**

Mailing Address

**528 BRISTLECONE LANE
NAPLES FL 33962**



3. Date Incorporated or Qualified
01/31/1973

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1576247

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, LAURINE L
C/O FINANCIAL MGMT SERVICES
4501 TAMiami TRAIL N. #223
NAPLES FL 33940**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	MICHENER, MILTON	
STREET ADDRESS	422 BRISTLECONE LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	☐ DELETE
NAME	NAYLOR, NANCY	
STREET ADDRESS	452 BRISTLECONE LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	☒ DELETE
NAME	EULOR, RON	
STREET ADDRESS	416 BRISTLECONE LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	☐ DELETE
NAME	MILLER, JANET G.	
STREET ADDRESS	436 BRISTLE CONE LN	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	☒ DELETE
NAME	SCHMIDT, DANIEL R.	
STREET ADDRESS	404 BRISTLECONE LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	☒ DELETE
NAME	SWANSON, CARL	
STREET ADDRESS	522 BRISTLECONE LANE	
CITY-ST-ZIP	NAPLES FL	

1.1 TITLE	VP/Director	☐ Change ☒ Addition
1.2 NAME	Wayne LaFleur	
1.3 STREET ADDRESS	500 Bristlecone Lane	
1.4 CITY-ST-ZIP	Naples, FL 33962	
2.1 TITLE	Ass't Treasurer/Director	☐ Change ☒ Addition
2.2 NAME	Mary Schmidt	
2.3 STREET ADDRESS	404 Bristlecone Lane	
2.4 CITY-ST-ZIP	Naples, FL 33962	
3.1 TITLE	Secretary/Director	☐ Change ☒ Addition
3.2 NAME	Joyce Derry	
3.3 STREET ADDRESS	496 Bristlecone Lane	
3.4 CITY-ST-ZIP	Naples, FL 33962	
4.1 TITLE	Director	☐ Change ☒ Addition
4.2 NAME	Charles McLaughlin	
4.3 STREET ADDRESS	490 Bristlecone Lane	
4.4 CITY-ST-ZIP	Naples, FL 33962	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet G. Miller, Inc.

3-22-96

941-774-6288

CR2E037 (12/95)