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04-19-1999 90018 042 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725427

1. Corporation Name
IRONWOOD, INC.

Principal Place of Business
528 BRISTLECONE LANE
NAPLES FL 33962

Mailing Address
528 BRISTLECONE LANE
NAPLES FL 33962



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/31/1973

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

9. Name and Address of Current Registered Agent

GURGES, DIANA
3400 TAMiami TRAIL N.
SUITE 202
NAPLES FL 34103

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **BMD** ☒ DELETE
NAME **MILLER, JANET G**
STREET ADDRESS **436 BRISTLE CONE LANE**
CITY-ST-ZIP **NAPLES FL 34113-8352**

TITLE **TD** ☐ DELETE
NAME **SCHMIDT, MARY**
STREET ADDRESS **404 BRISTLECONE LANE**
CITY-ST-ZIP **NAPLES FL**

TITLE **SD** ☒ DELETE
NAME **SHEPHERD, PHYLLIS**
STREET ADDRESS **466 BRISTLECONE LANE**
CITY-ST-ZIP **NAPLES FL 34113-8352**

TITLE **PD** ☐ DELETE
NAME **DERRY, JOYCE**
STREET ADDRESS **496 BRISTLEWONE LANE**
CITY-ST-ZIP **NAPLES FL 34113-8352**

TITLE **VPD** ☒ DELETE
NAME **WHITNEY, N F**
STREET ADDRESS **458 BRISTLECONE LANE**
CITY-ST-ZIP **NAPLES FL 34113-8352**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SEC** ☐ Change ☒ Addition
1.2 NAME **GERRY DE VERNA**
1.3 STREET ADDRESS **516 BRISTLECONO CT**
1.4 CITY-ST-ZIP **Naples, FL 34113-8352**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **DONAL MCGREGOR**
2.3 STREET ADDRESS **434 BRISTLECONO LANE**
2.4 CITY-ST-ZIP **Naples, FL 34113-8352**

3.1 TITLE **DIR** ☐ Change ☒ Addition
3.2 NAME **CLIFFORD J. JEGAL**
3.3 STREET ADDRESS **524 BRISTLECONO LANE**
3.4 CITY-ST-ZIP **Naples, FL 34113-8352**

4.1 TITLE **DIR** ☐ Change ☒ Addition
4.2 NAME **RUTH SHEPHERD**
4.3 STREET ADDRESS **504 BRISTLECONO LANE**
4.4 CITY-ST-ZIP **Naples, FL 34113-8352**

5.1 TITLE **DIR** ☐ Change ☒ Addition
5.2 NAME **CHARLES McLaughlin**
5.3 STREET ADDRESS **15483 WENHAVEN DR.**
5.4 CITY-ST-ZIP **Chagrin Falls, Ohio 44022**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99 941 793 1024
Date Daytime Phone #

CR2E037 (1/98)