2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004
Secretary of State

DOCUMENT# 725427

Entity Name: IRONWOOD, INC.

Current Principal Place of Business:

528 BRISTLECONE LANE
NAPLES, FL 33962

New Principal Place of Business:

Current Mailing Address:

C/O DIANA GURGES
3400 TAMIAMI TR., N. #202
NAPLES, FL 34103

New Mailing Address:

GUARDIAN PROPERTY MGMT
6700 LONE OAK BLVD
NAPLES, FL 34109

FEI Number: 59-1576247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GUARDAIN PROPERTY MGMT
6700 LONE OAK BLVD
NAPLES, FL 34109 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: BYRON ROSS 05/04/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	REYNOLDS, JACK	
Address:	428 BRISTLCONE LANE	
City-St-Zip:	NAPLES, FL 341138352	
Title:	TD	( ) Delete
Name:	MITCHELL, ROBERT	
Address:	522 BRISTLECONE LANE	
City-St-Zip:	NAPLES, FL 34113	
Title:	SD	( ) Delete
Name:	ALTERI, ESTER	
Address:	468 BRISTLECONE LANE	
City-St-Zip:	NAPLES, FL 34113	
Title:	PD	( ) Delete
Name:	DERRY, JOYCE	
Address:	496 BRISTLWCONE LANE	
City-St-Zip:	NAPLES, FL 341138352	
Title:	VPD	( ) Delete
Name:	HICKLING, DAVID	
Address:	448 BRISTLECONE LANE	
City-St-Zip:	NAPLES, FL 341138352	
Title:	D	( ) Delete
Name:	POLLAK, PATRICIA	
Address:	492 BRISTLECONE LANE	
City-St-Zip:	NAPLES, FL 34113	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	WEINRICH, AUDREY	
Address:	490 BRISTLECONE LANE	
City-St-Zip:	NAPLES, FL 34113	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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

SIGNATURE: JOYCE DERRY PD 05/04/2004
Electronic Signature of Signing Officer or Director — Date