2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
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:

GUARDIAN PROPERTY MGMT
6700 LONE OAK BLVD
NAPLES, FL 34109

New Mailing Address:

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

Name and Address of Current Registered Agent:

GUARDAIN PROPERTY MGMT
6700 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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

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:	WEINRICH, AUDREY	
Address:	490 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BYRON ROSS MGR 04/29/2005

Electronic Signature of Signing Officer or Director — Date