

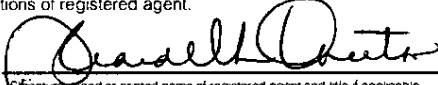
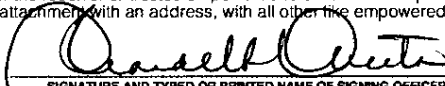


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000003518 1. Entity Name IRON HORSE CONDOMINIUM ASSOCIATION, INC.				FILED 04 APR 30 AM 11:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4400 BAYOU BLVD SUITE 35 PENSACOLA, FL 32503		Mailing Address 4400 BAYOU BLVD SUITE 35 PENSACOLA, FL 32503			
2. Principal Place of Business 5506 N. CENTRAL AVE		3. Mailing Address 5506 N. CENTRAL AVE		04212004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-0042195	
City & State TAMPA, FL		City & State TAMPA, FL		Applied For Not Applicable	
Zip 33604		Country FLUSSBOROUGH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33604		Country FLUSSBOROUGH		6. Name and Address of Current Registered Agent LONGWELL, TINA 4400 BAYOU BLVD SUITE 35 PENSACOLA, FL 32503	
7. Name and Address of New Registered Agent Name SUSAN CIARDELLO OVERTON Street Address (P.O. Box Number is Not Acceptable) 5506 N. CENTRAL AVE City TAMPA FL Zip Code 33604		8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  SUSAN CIARDELLO OVERTON 4-21-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Amended AR is \$61.25		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME GILMORE, DAN <input checked="" type="checkbox"/> Delete	STREET ADDRESS 4400 BAYOU BLVD SUITE 35	CITY-ST-ZIP PENSACOLA, FL 32503	TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME FERGUSON, DEBORAH	STREET ADDRESS 15439 LAKE MARGARENE BLVD
CITY-ST-ZIP PENSACOLA, FL 32503	TITLE <input type="checkbox"/> Delete	NAME PENNINO, VINCENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 5010 W. KENNEDY BLVD	CITY-ST-ZIP TAMPA, FL 33609	TITLE <input type="checkbox"/> Delete
NAME <input type="checkbox"/> Delete	NAME OVERTON, SUSAN CIARDELLO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 5506 N. CENTRAL AVE	CITY-ST-ZIP TAMPA, FL 33604	TITLE <input type="checkbox"/> Delete	NAME S/D SMALL, MICHELE K. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	STREET ADDRESS 18131 LONGWATER BLVD.	CITY-ST-ZIP TAMPA, FL 33647	TITLE <input type="checkbox"/> Delete	NAME 700035734517 <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 05/07/04--01020--003 **61.25
CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.					
SIGNATURE:  SUSAN CIARDELLO OVERTON 4/24/04 (813) 237-6827 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date		Daytime Phone #	

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