


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000005717</b> 1. Entity Name <b>IRONWOOD BUSINESS PARK-FORD STREET CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4300 FORD STREET EXTENSION SUITE 109 FORT MYERS, FL 33916</b>	Mailing Address <b>4300 FORD STREET EXTENSION SUITE 109 FORT MYERS, FL 33916</b>
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01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1224568</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
  
**GREENE, ROBERT F  
1301 SIXTH AVE W, STE 400  
BRADENTON, FL 34205**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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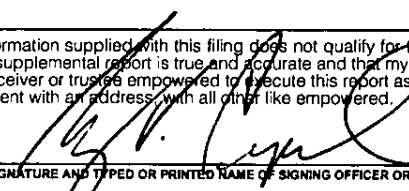
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KIBLER, JIM E 4300 FORD STREET EXTENSION; SUITE 101 FORT MYERS, FL 33916</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CEPPALUNI, TONY 4300 FORD STREET EXTENSION; SUITE 109 FORT MYERS, FL 33916</b>
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U00000735909  
01/29/08-80010-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

**SIGNATURE:**  **1/19/2008** **239-432-0238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #