

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22018

1. Entity Name

IRONWOOD RECREATION ONE ASSOCIATION, INC.

Principal Place of Business

4220 IRONWOOD CIRCLE
BRADENTON FL 34209
US

Mailing Address

5726 CORTEZ RD. WEST SUITE #167
BRADENTON FL 34210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0012680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KROEGER, RONALD H.
2611 47TH STREET WEST
BRADENTON FL 34209

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANTLAY, GORDON 4460 IRONWOOD ICR, 408AD BRADENTON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOTSCHALL, WAYNE 4440 IRONWOOD CIR 403D BRADENTON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHEY, THOMAS 4240 IRONWOOD CR. 401-AA BRADENTON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORSTROM, ELEANOR 4210 IRONWOOD CIRCLE, 501J BRADENTON FL 34209	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, MARY 4080 IRONWOOD CIRCLE #207 C BRADENTON FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAW, BERNARD 4480 IRONWOOD CIR 315A BRADENTON FL	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

Thomas Richey THOMAS RICHEY 4/25/01 941-742-7873

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90192 003 ****61.25

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DO NOT WRITE IN THIS SPACE

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