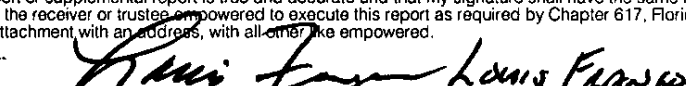


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90021 023 ****61.25

DOCUMENT # 745463 1. Entity Name IRONWEDGE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O CONSOLIDATED COMMUNITY MGT 10034 W MCNAB ROAD TAMARAC, FL 33321			Mailing Address C/O CONSOLIDATED COMMUNITY MGT 10034 W MCNAB ROAD TAMARAC, FL 33321		
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 59-2005862				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILES, JAMES R 10034 W MCNAB ROAD TAMARAC, FL 33321			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAIDEN, RIVA 10034 W MCNAB ROAD TAMARAC, FL 33321	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VECCHIO, MARIA 10034 W MCNAB ROAD TAMARAC, FL 33321	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CEDALA, MARK 10034 W MCNAB ROAD TAMARAC, FL 33321	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MINTON, BLAINE 10034 W MCNAB ROAD TAMARAC, FL 33321	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHINDERMAN, CHARLES 10034 W MCNAB ROAD TAMARAC, FL 33321	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Frangos, Louis 22902 Ironwedge Dr. Boca Raton, Fl. 33433	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Solimine, Nicholas 22932 Ironwedge Dr. Boca Raton, Fl. 33433	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Watkin, Nathanel 22884 Ironwedge Dr. Boca Raton, Fl. 33433	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dutton, Drew 22888 Ironwedge Dr. Boca Raton, Fl. 33433	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 22864 Ironwedge Dr. Boca Raton, Fl.	☒ 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 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  2/17/06 561 215 1205					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					