

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # 752107 | |
| 1. Entity Name IRONWOOD ELEVENTH CONDOMINIUM ASSOCIATION, INC. | |
| Principal Place of Business 381 INTERSTATE BLVD SARASOTA, FL 34240 US | Mailing Address C/O SUN VAST MGMT PO BOX 50332 SARASOTA, FL 34232 US |



07092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2182752 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent SUN VAST MGMT & SERVICES, INC 381 INTERSTATE BLVD SARASOTA, FL 34231 | 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 _____

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| 17. Filing Fee is \$61.25 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BALLAST, DON 3660 IRONWOOD CIR, 403M BRADENTON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD POSPISIL, LORRAINE 3660 IRONWOOD CIRCLE #606 BRADENTON, FL 34209 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRINN, ELSIE 3660 IRONWOOD CIRCLE, #605M BRADENTON, FL 34209 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MENDELSON, DOLLY 3660 IRONWOOD CIRCLE # BRADENTON, FL 34209 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HABROUCK, KATHERINE 3660 IRONWOOD CIRCLE BRADENTON, FL 34209 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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07/16/07-80001-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Elsie Brinn 7-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #