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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755445 (4)

1. Corporation Name

IRONWOOD NO. I HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1284 A. NORTH CONGRESS WEST PALM BEACH FL 33409 US	P.O. BOX 15015 WEST PALM BEACH FL 33416-5015 US

2. Principal Place of Business
21 1294
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 12/09/1980
3a. Date of Last Report: 04/10/1996
4. FEI Number: 59-2267852 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOORE, DEBRA
1294 A. NORTH CONGRESS AVENUE
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
TITLE	D	☒	1.1 TITLE	D	☐ ☒
NAME	BOUCHER, THERESA		1.2 NAME	Weikel, Jeff	
STREET ADDRESS	74 IRONWOOD WAY		1.3 STREET ADDRESS	69 Ironwood Way	
CITY-ST-ZIP	PALM BCH GARDENS FL		1.4 CITY-ST-ZIP	Palm Bch Gdns FL 33418	
TITLE	D	☒	2.1 TITLE	D	☐ ☒
NAME	HAAS, JUDITH		2.2 NAME	King, William	
STREET ADDRESS	3 IRONWOOD WAY		2.3 STREET ADDRESS	81 Ironwood Way	
CITY-ST-ZIP	PALM BCH GARDENS FL		2.4 CITY-ST-ZIP	Palm Bch Gdns FL 33418	
TITLE	STD	☐	3.1 TITLE	D	☐ ☒
NAME	GUZENSKI, PAUL A		3.2 NAME	Johnson, Vicki	
STREET ADDRESS	17 IRONWOOD WAY		3.3 STREET ADDRESS	14 Ironwood Way	
CITY-ST-ZIP	PALM BEACH GARDENS FL		3.4 CITY-ST-ZIP	Palm Bch Gdns FL 33418	
TITLE	PD	☒	4.1 TITLE	D	☐ ☒
NAME	MORTENSEN, RUSSELL		4.2 NAME	Polan, Jack	
STREET ADDRESS	29 IRONWOOD WAY		4.3 STREET ADDRESS	29 Ironwood Way	
CITY-ST-ZIP	PALM BCH GARDENS FL		4.4 CITY-ST-ZIP	Palm Bch Gdns FL 33418	
TITLE	~~VD~~ P	☐	5.1 TITLE		☐ ☐
NAME	DENNING, RICHARD		5.2 NAME		
STREET ADDRESS	11 IRONWOOD WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		5.4 CITY-ST-ZIP		
TITLE	D	☒	6.1 TITLE		☐ ☐
NAME	WOOLFE, ELIZABETH		6.2 NAME		
STREET ADDRESS	59 IRONWOOD WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____