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03-04-1999 90073 019 ****61.25

UNRECORDED

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755445

1. Corporation Name

IRONWOOD NO. 1 HOMEOWNERS ASSOCIATION, INC.

160982-90073-19

Principal Place of Business

1284 A. NORTH CONGRESS
 WEST PALM BEACH FL 33409
 US

Mailing Address

P.O. BOX 15015
 WEST PALM BEACH FL 33416
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

12/09/1980

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
 NAME **WEIKEL, JEFF**
 STREET ADDRESS **69 IRONWOOD WAY**
 CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **D** ☐ DELETE
 NAME **KING, WILLIAM**
 STREET ADDRESS **81 IRONWOOD WAY**
 CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **STD** ☐ DELETE
 NAME **MADDOCK, JOHN**
 STREET ADDRESS **4 IRONWOOD WAY**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☐ DELETE
 NAME **JOHNSON, VICKI**
 STREET ADDRESS **14 IRONWOOD WAY**
 CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **P** ☐ DELETE
 NAME **DENNING, RICHARD**
 STREET ADDRESS **11 IRONWOOD WAY**
 CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **D** ☒ DELETE
 NAME **PAYNE, SUSAN**
 STREET ADDRESS **79 IRONWOOD WAY**
 CITY-ST-ZIP **PALM BCH GARDENS FL 33418**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

JOHN MADDOCK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99
 Date

561-625-9077
 Daytime Phone #

CR2E037 (1/98)