

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90042 044 \*\*\*\*61.25

**DOCUMENT # 755445**

1. Entity Name  
**IRONWOOD NO. 1 HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**8259 N. MILITARY TRAIL  
SUITE #11  
PALM BEACH GARDENS, FL 33410 US**

Mailing Address  
**8259 N. MILITARY TRAIL  
SUITE #11  
PALM BEACH GARDENS, FL 33410 US**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

01292007 Chg-NP CR2E037 (12/06)

Zip Country

Zip Country

4. FEI Number  
**59-2267852**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JAMASON, BEVERLY  
SEABREEZE CMS, INC.  
8259 N. MILITARY TRAIL, SUITE #11  
PALM BEACH GARDENS, FL 33410**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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**

TITLE **P** ☐ Delete  
NAME **DENNING, RICHARD R**  
STREET ADDRESS **11 IRONWOODS WAY**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **V** ☒ Delete  
NAME **RYAN, JACK**  
STREET ADDRESS **18 IRONWOOD WAY**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **ST** ☐ Delete  
NAME **HARRIS, RUTH**  
STREET ADDRESS **26 IRONWOOD WAY**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **D** ☒ Delete  
NAME **HUFFMAN, LINDA**  
STREET ADDRESS **11 IRON WAY**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **D** ☐ Delete  
NAME **TOURNABEN, MARY**  
STREET ADDRESS **16 IRONWOOD WAY**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **D** ☐ Delete  
NAME **ATKINSON, LOIS**  
STREET ADDRESS **261 IRONWOOD WAY**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **D** ☐ Change ☒ Addition  
NAME **KATRINA CASTRENZ**  
STREET ADDRESS **65 IRONWOOD WAY N.**  
CITY-ST-ZIP **PALM BCH GDNS, FL 33418**

TITLE **D** ☐ Change ☒ Addition  
NAME **KAREN BARRY**  
STREET ADDRESS **64 IRONWOOD WAY N**  
CITY-ST-ZIP **PALM BCH GDNS, FL 33418**

TITLE **VP & DIRECTOR** ☐ Change ☒ Addition  
NAME **MIKE PRINCE**  
STREET ADDRESS **73 IRONWOOD WAY N.**  
CITY-ST-ZIP **PBCH FL 33418**

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

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

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-5-07**

Date

**561-703-8616**

Daytime Phone #