

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755445

FILED  
Apr 06, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2267852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEA BREEZE CMS, INC  
8259 N. MILITARY TRAIL  
SUITE #11  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP/T  
Name: RYAN, JACK  
Address: 8259 N. MILITARY TRAIL #11  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: P  
Name: CASTRENZ, KATRINA  
Address: 8259 N MILITARY TRAIL, #11  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S  
Name: BARRY, KAREN  
Address: 8259 N. MILITARY TRAIL #11  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: D'AGOSTINO, EDNA  
Address: 8259 N. MILITARY TRAIL #11  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: MOMAN, MATTHEW  
Address: 8259 N. MILITARY TRAIL #11  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: LIBERI, LINDA  
Address: 8259 N MILITARY TRAIL, #11  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATRINA CASTRENZ

P

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date