2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755445

FILED Mar 02, 2012 Secretary of State

Entity Name: IRONWOOD NO. I HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8259 N. MILITARY TRAIL 4227 NORTHLAKE BOULEVARD

SUITE #11 PALM BEACH GARDENS, FL 33410 US
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address: New Mailing Address:

8259 N. MILITARY TRAIL 4227 NORTHLAKE BOULEVARD SUITE #11 PALM BEACH GARDENS FL 33410 US

SUITE #11 PALM BEACH GARDENS, FL 33410 US
PALM BEACH GARDENS, FL 33410 US

FEI Number: 59-2267852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SEA BREEZE CMS, INC
8259 N. MILITARY TRAIL
SUITE #11
SUITE #11
SEA BREEZE CMS, INC
4227 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410 US

SUITE #11 PALM BEACH GARDENS, FL 33410 US PALM BEACH GARDENS, FL 33410 US

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: 03/02/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: RYAN, JACK

Address: 4227 NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD

Name: CURRIER, BRUCE

Address: 4227 NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D

Name: GOMEZ, BARBARA

Address: 4227 NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title:

Name: LIBERI, LINDA

Address: 4227 NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD

Name: KERNICKI, PHIL

Address: 4227 NORTHLAKE BOULEVARD
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: JACK RYAN PRES 03/02/2012