2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 755550

Entity Name: IRONWOOD PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994

New Mailing Address:

FEI Number: 59-2054141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADVANTAGE PROPERTY MANAGEMENT, LLC
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 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: PD ( ) Delete
Name: MEYER, BEN
Address: 6500 MARINER SANDS DR.
City-St-Zip: STUART, FL 34997

Title: VPD ( ) Delete
Name: MCFADDEN, JUANITA
Address: 6384 IRONWOOD CIRCLE
City-St-Zip: STUART, FL 34997

Title: TD ( ) Delete
Name: BROOKE, JOSEPH
Address: 6500 MERIDIAN WAY
City-St-Zip: STUART, FL 34997

Title: SD ( ) Delete
Name: NAYLOR, RONALD
Address: 6354 IRONWOOD CIRCLE
City-St-Zip: STUART, FL 34997

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MEYER, BEN
Address: 6374 IRONWOOD CIRCLE
City-St-Zip: STUART, FL 34997

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: BROOKE, JOSEPH
Address: 5400 MERION WAY
City-St-Zip: STUART, FL 34997

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: KELLY, SHIRLEY
Address: 5401 MERION WAY
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BEN MEYER PRES 04/23/2009

Electronic Signature of Signing Officer or Director — Date