


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90240 025 ****61.25

DOCUMENT # N03000003001	
1. Entity Name IRONWOOD BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 8880 TERRENE CT BONITA SPRINGS, FL 34135	Mailing Address 8880 TERRENE CT BONITA SPRINGS, FL 34135
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20044126



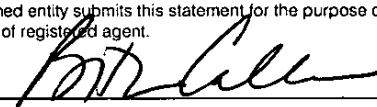
2. Principal Place of Business 595 Bay Isles Rd #201	3. Mailing Address 595 Bay Isles Rd #201
Suite, Apt. #, etc. #201	Suite, Apt. #, etc. #201
City & State Longboat Key, FL	City & State Longboat Key, FL
Zip 34228	Country

04052005 Chg-NP CR2E037 (10/03)

4. FEI Number 27-0054027	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENE, ROBERT F 1301 SIXTH AVENUE W STE 400 BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name Beth Callan's Management Street Address (P.O. Box Number is Not Acceptable) 595 Bay Isles Rd #201 City Longboat Key City FL Zip Code 34228	
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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. X  SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____	
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/18/05 Date	941-907-0795 Daytime Phone #
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