



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90155 012 ****61.25

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| DOCUMENT # N03000003001 | | | |  | |
| 1. Entity Name IRONWOOD BUSINESS PARK CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 595 BAY ISLES ROAD # 201 LONGBOAT KEY, FL 34228 | | | Mailing Address 595 BAY ISLES ROAD # 201 LONGBOAT KEY, FL 34228 | | |
| 2. Principal Place of Business 595 Bay Isles Road Suite, Apt. #, etc. # 200 | | 3. Mailing Address 595 Bay Isles Road Suite, Apt. #, etc. # 200 | |  | |
| City & State Longboat Key, FL | | City & State Longboat Key, FL | | 4. FEI Number 27-0054027 | |
| Zip 34228 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BETH COLLANS MANAGEMENT 595 BAY ISLES ROAD # 201 LONGBOAT KEY, FL 34228 | | | 7. Name and Address of New Registered Agent Beth Callans Management Corp. 595 Bay Isles Road Suite #200 Longboat Key, FL 34228 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent; or both; and the state of Florida is familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>Beth Callans</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>4/26/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE VP NAME CAVOLI, JOHN STREET ADDRESS 595 BAY ISLES ROAD # 201 CITY-ST-ZIP LONGBOAT KEY, FL 34228 | <input type="checkbox"/> Delete | | TITLE D NAME CAVOLI, JOHN STREET ADDRESS 595 BAY ISLES ROAD # 201 CITY-ST-ZIP LONGBOAT KEY, FL 34228 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE P NAME ZARONI, TONY STREET ADDRESS 585 BAY ISLES ROAD # 201 CITY-ST-ZIP LONGBOAT KEY, FL 34228 | <input type="checkbox"/> Delete | | TITLE P NAME ZARONI, TONY STREET ADDRESS 595 BAY ISLES RD CITY-ST-ZIP LONGBOAT KEY, FL 34228 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE T NAME HAGAN, CRAIG STREET ADDRESS 595 BAY ISLES ROAD # 201 CITY-ST-ZIP LONGBOAT KEY, FL 34228 | <input checked="" type="checkbox"/> Delete | | TITLE TR/Sec NAME CHALMERS ALICIA STREET ADDRESS 595 BAY ISLES RD # 200 CITY-ST-ZIP LONGBOAT KEY, FL 34228 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE D NAME BABCOCK, CHARLES STREET ADDRESS 595 BAY ISLES RD # 200 CITY-ST-ZIP LONGBOAT KEY, FL 34228 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE D NAME SPERO II, SANFORD STREET ADDRESS 595 BAY ISLES RD # 200 CITY-ST-ZIP LONGBOAT KEY, FL 34228 | <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 type="checkbox"/> Addition | |
| 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: <u>Tony Zaroni</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE <u>4/26/06</u> DAYTIME PHONE # <u>941 373 6940</u> | | |