


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90019 047 ****61.25

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

Principal Place of Business 595 BAY ISLES RD 200 LONGBOAT KEY, FL 34228	Mailing Address 595 BAY ISLES RD 200 LONGBOAT KEY, FL 34228
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40043104



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 27-0054027	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BETH CALLANS MANAGEMENT BETH CALLANS MGMT CORP. 595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

SIGNATURE

[Handwritten Signature]

Signature, Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	AP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAVOLI, JOHN			NAME			
STREET ADDRESS	5959 BAY ISLES RD STE 200			STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY, FL 34228			CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAMONI, TONY			NAME			
STREET ADDRESS	595 BAY ISLES RD			STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY, FL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BABCOCK, CHARLES			NAME			
STREET ADDRESS	595 BAY ISLES RD 200			STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY, FL 34228			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANFORD, SPERO II			NAME			
STREET ADDRESS	595 BAY ISLES RD 200			STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY, FL 34228			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHALNERS, ALICIA			NAME			
STREET ADDRESS	595 BAY ISLES RD STE 200			STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY, FL 34228			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TODD PATTON			NAME			
STREET ADDRESS	595 BAY ISLES RD #200			STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT Key, FL 34228			CITY-ST-ZIP			

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-08 941-387-3443