2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N03000003001

Entity Name: IRONWOOD BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

595 BAY ISLES RD
200
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

595 BAY ISLES RD
200
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 27-0054027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT
BETH CALLANS MGMT CORP.
595 BAY ISLES RD STE 200
LONGBOAT KEY, FL 34228 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:	P	( ) Delete
Name:	CAVOLI, JOHN	
Address:	5959 BAY ISLES RD STE 200	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	V	( ) Delete
Name:	BABCOCK, CHARLES	
Address:	595 BAY ISLES RD 200	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	SANFORD, SPERO II	
Address:	595 BAY ISLES RD 200	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	ST	( ) Delete
Name:	CHALNERS, ALICIA	
Address:	595 BAY ISLES RD STE 200	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	PATTON, TODD	
Address:	595 BAY ISLES RD 200	
City-St-Zip:	LONGBOAT KEY, FL 34228	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: STEVEN W. SPARKS, LCAM MGR. 01/06/2009
Electronic Signature of Signing Officer or Director — Date