2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006527

FILED Apr 07, 2009 Secretary of State

Entity Name: IRWIN AVENUE BUSINESS CONDOMINIUM ASSOCIATION, INC.

| Current Principal Place of Business: | | | New Principal Plac | e of Business: | |
|---|---------------------------------------|----------------------------------|---|--|--|
| 75 SW IRV WEST ME | WIN AVE ELBOURNE, FL | . 32904 | | | |
| Current Mailing Address: | | | New Mailing Addre | New Mailing Address: | |
| 75 SW IRV WEST ME | WIN AVE ELBOURNE, FL | . 32904 | | | |
| FEI Number: | : 32-0086657 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| 75 SW IRV | DO, JOHN M WIN AVE ELBOURNE, FL | . 32904 US | | | |
| | named entity : e of Florida. | submits this statement for the p | ourpose of changing its register | red office or registered agent, or both, | |
| SIGNATU | | | | | |
| | Electror | nic Signature of Registered Age | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | GAGLIARDO, Ĵ 75 SW IRWIN / | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MASSANOVA, 3 75 SW IRWIN | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | CAVANAUGH, F 75 SW IRWIN | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| | | | | | |

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: JOHN M. GAGLIARDO OFFI 04/07/2009