

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006527

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** IRWIN AVENUE BUSINESS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

436 5TH AVE.  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

436 5TH AVE.  
INDIALANTIC, FL 32903

**New Mailing Address:**

**FEI Number:** 32-0086657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONNOR, WILLIAM  
436 5TH AVE.  
INDIALANTIC, FL 32903 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: PT  
Name: CONNOR, WILLIAM  
Address: 436 5TH AVE.  
City-St-Zip: INDIALANTIC, FL 32903

Title: VPSD  
Name: COLLINS, MICHEAL  
Address: 100 SW IRWIN AVE UNIT #4  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D  
Name: CHRISTIAN, WILLIAM  
Address: 100 SW IRWIN AVE UNIT #1  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D  
Name: RANSON, RANDALL  
Address: 100 SW IRWIN AVE UNIT #2  
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM CONNOR

PRES

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date