FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 06, 1999 8:00 am § Secretary of State

ĺ	1999 DIVISION OF CORPORATIONS					05-06-1999 90152 035 ****61.25					
DOCU 1. Corporation	MENT # N950	00001	343								
IRONWOOD COMMUNITY ASSOCIATION, INC.											
THO THE COUNTY OF THE COUNTY O											
Principal Plac	ce of Business	Mailir	na Address			·					
								A CHRONICAL BURNESS CONTRACTOR CO			
104 M	JOD CIRCLE		5726 CORTEZ RD. WEST SUITE 145								
BRADENTON FL 34209 BRADENTON FL 34210											
							- 1				
2 5											
			lailing Address					3. Date Incorporated or Qualife	ed		
Suite, Apt.	# oto		26					03/20/1995		 _	
	. #, etc.	J	Suite, Apt. #, etc.					4. FEI Number 65-0410696		— 	plied For
City & Sta	te .		City & State					0070410090			t Applicable
23		28	⊢ ′					5. Certifcate of Status Desired		\$8.75 / Fee Re	
Zip					itry			6 Floation Committee Financia	_		
24	25 29 30				,		l	Election Campaign Financin Trust Fund Contribution	g 🗆	\$5.00 Added t	
1	9. Name and Address of Cu		ed Agent	1				10. Name and Address of Nev	/ Regis		0 7 003
				1	81	Name					
KROEGER, RONALD H						Street Ad	ddroor	(P.O. Box Number is Not Acce	nêmbla)		
2611 47TH ST. WEST					82	Sileet Ad	uu 1853	F.O. BOX NUMBER IS NOT ACCE	ptable)]
BRADENTON FL 34209					83						
				Į.	84	City					
	× × × × × × ×				J	City				FL 85 Zip C	
OHICH OF I	to the provisions of Sections 617 registered agent, or both, in the Stam familiar with, and accept the ob	ate of Florida. S	such change was au	thorized i	bv t	-named co the corpora	orpora ation's	tion submits this statement for the board of directors. I hereby according	e purpo	ose of changing its appointment as reg	registered gistered
SIGNATURE	The state of the s	iligationa oi, oo	0.001 017.0303, 1 1011	ua Statut	.00						1
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered A							uired wh	en reinstating)	DA	NTE.	
12.		AND DIRECTO		13.				ADDITIONS/CHANGES TO O	FFICE	RS AND DIRECTO	RS IN 12
TITLE	VD	•	☐ DELETE	1,1 TITLE	E					Change	Addition
NAME	HOEY, FRANCIS			1.2 NAM	ΙE						
STREET ADDRESS	3680 IRONWOOD CIRCLE			1.3 STR	EET/	ADDRESS					
CITY-ST-ZIP				1.4 CITY	'-ST-	-ZIP					
TITLE				2.1 TITLE	2.1 TITLE					☐ Change	☐ Addition
NAME				•	2.2 NAME						
STREET ADDRESS				2.3 STR	EET A	ADDRESS					ļ
CITY-ST-ZIP					2. 4 CITY-ST-ZIP						
TITLE	,	☐ DETEIE			3.1 TITLE					☐ Change	☐ Addition
NAME	MURRAY, WILLIAM 4080 IRONWOOD CIR				3.2 NAME						
STREET ADDRESS	PDADCHTON EI				3.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	TD				3.4. CITY-ST-ZIP						
NAME	BAILEY, WARREN D				4.1 TITLE 4.2 NAME					☐ Change	☐ Addition
STREET ADDRESS	3680 IRONWOOD CIRCLE			1		ADORESS					
CITY-ST-ZIP	BDADENTON EL 04000										
TITLE	PD PD		☐ DELETE	4.4 CITY- 5.1 TITLE		ZIP				☐ Change	Addition
NAME	CANTLAY, GORDON			5.2 NAME							
STREET ADDRESS	·····					ADDRESS					
CITY-ST-ZIP	BRADENTON FL			5.4 CITY-							Ì
TITLE			☐ DELETE	6.1 TITLE				- 10-10-1		☐ Change	Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME .

STREET ADDRESS