

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90154 029 ****61.25

DOCUMENT # N00000002695

1. Entity Name

RESIDENTS & EQUITY MEMBERS OF IRONHORSE ASSOCIATION CORPORATION



Principal Place of Business

% CHARLES P. SMITH
8274 BOB-O-LINK DRIVE
WEST PALM BEACH FL 33412

Mailing Address

% CHARLES P. SMITH
8274 BOB-O-LINK DRIVE
WEST PALM BEACH FL 33412

2. Principal Place of Business

% JOHN C. HARRY

3. Mailing Address

% JOHN C. HARRY

Suite, Apt. #, etc.

7624 PRESERVE DR

Suite, Apt. #, etc.

7624 PRESERVE DR

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33412

Country

FLORIDA

Zip

33412

Country

FLORIDA

4. FEI Number 65-1002300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, PAUL L
8221 CYPRESS POINT RD
WEST PALM BEACH FL 33412

7. Name and Address of New Registered Agent

Name JOHN C. HARRY

Street Address (P.O. Box Number is Not Acceptable)

7624 PRESERVE DR

City

West Palm Beach

FL

Zip Code

33412

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

JOHN C. HARRY, PRESIDENT

3-19-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PARISON, RICHARD	
STREET ADDRESS	7900 PRESERVE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, PAUL	
STREET ADDRESS	8221 CYPRESS POINT RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CHARLES P	
STREET ADDRESS	8274 BOB-O-LINK DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JENNER, WILLIAM	
STREET ADDRESS	8292 BOB O LINK DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN C. HARRY	
STREET ADDRESS	7624 PRESERVE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Rockoff	
STREET ADDRESS	7391 IRONHORSE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVIN GRANT	
STREET ADDRESS	1899 PRESERVE DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. 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 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:

JOHN C. HARRY, PRESIDENT

31903 561-776-1816