FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995 (1-27-95)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

B-4785-10

APPROVED AND FILED

95 APR 27 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32176 (2)

1. Corporation Name

IRONHORSE COUNTRY CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% JOSHUA A. MUSS 11781 LEE JACKSON MEMORIAL HWY. STE 320 FAIRFAX VA 22033	% JOSHUA A. MUSS 11781 LEE JACKSON MEMORIAL HWY. STE 320 FAIRFAX VA 22033

3. Date Incorporated or Qualified: 05/03/1989
3a. Date of Last Report: 03/11/1994
4. FEI Number: 65-0127995 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GORDON, MICHAEL D. SERVICO CENTRE SOUTH, SUITE 402 1601 BELVEDERE RD WEST PALM BEACH FL 33406	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MUSS, JOSHUA A.	1.2 NAME	
STREET ADDRESS	8311 BOB-O-LINK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	VDT	2.1 TITLE	☐ Change ☐ Addition
NAME	WEBBER, DAVID	2.2 NAME	
STREET ADDRESS	8290 BOB O'LINK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, MICHAEL D.	3.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD, SUITE 402	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	DENNEN, MARVIN L	4.2 NAME	
STREET ADDRESS	11781 LEE JACKSON MEMORIAL HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: MARVIN L. DENNEN 3/15/95 (703) 591-1881
SIGNATURE AND TITLE OF CHAIRMAN OR AUTHORIZED OFFICER OR DIRECTOR (Date) (Daytime Phone #)

007A01