

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32176

(2)

1. Corporation Name

IRONHORSE COUNTRY CLUB, INC.

Principal Place of Business

% JOSHUA A. MUSS
11781 LEE JACKSON MEMORIAL HWY. STE 320
FAIRFAX VA 22033

Mailing Address

% 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
04/27/1995

2. Principal Place of Business

21 8000 Ironhorse Blvd.

Suite, Apt. #, etc.

2a. Mailing Address

26 8000 Ironhorse Blvd.

Suite, Apt. #, etc.

4. FEI Number
65-0127995

Applied For
Not Applicable

22 City & State

23 West Palm Beach, FL

Zip Country

24 33412

27 City & State

28 West Palm Beach, FL

Zip Country

29 33412

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GORDON, MICHAEL D.
SERVICO CENTRE SOUTH, SUITE 402
1601 BELVEDERE RD
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name James J. O'Brien
82 Street Address (P.O. Box Number is Not Acceptable)
8000 Ironhorse Blvd.
83
84 City West Palm Beach, FL

FL 85 Zip Code 33412

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/30/96

12. OFFICERS AND DIRECTORS

TITLE PAT ☐ DELETE
NAME O'BRIEN, JAMES J
STREET ADDRESS 8000 IRONHORSE BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE VPAS ☐ DELETE
NAME WEBBER, DAVID
STREET ADDRESS 11781 LEE JACKSON MEMORIAL HWY., #320
CITY-ST-ZIP FAIRFAX VA 22033-3309

TITLE VPTD ☐ DELETE
NAME DENNEN, MARVIN
STREET ADDRESS 11781 LEE JACKSON MEMORIAL HWY., #320
CITY-ST-ZIP FAIRFAX VA 22033-3309

TITLE SD ☒ DELETE
NAME GORDON, MICHAEL D
STREET ADDRESS 1601 BELVEDERE RD., SUITE 402S
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSHUA MUSS

4/30/96

407.694-0550

CR2E037 (12/95)