

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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

Mailing Address

8000 IRONHORSE BLVD
11781 LEE JACKSON MEMORIAL HWY. STE 320
WEST PALM BEACH FL 33412
US

8000 IRONHORSE BLVD
11781 LEE JACKSON MEMORIAL HWY. STE 320
WEST PALM BEACH FL 33412-2403
US



3. Date Incorporated or Qualified
05/03/1989

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0127995

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

O'BRIEN, JAMES J.
8000 IRONHORSE BLVD
1601 BELVEDERE RD
WEST PALM BEACH FL 33412

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 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PAT	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, JAMES J	
STREET ADDRESS	8000 IRONHORSE BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	WEBBER, DAVID	
STREET ADDRESS	11781 LEE JACKSON MEMORIAL HWY., #320	
CITY-ST-ZIP	FAIRFAX VA 22033-3309	
TITLE	VPTD	<input checked="" type="checkbox"/> DELETE
NAME	DENNEN, MARVIN	
STREET ADDRESS	11781 LEE JACKSON MEMORIAL HWY., #320	
CITY-ST-ZIP	FAIRFAX VA 22033-3309	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, MICHAEL D	
STREET ADDRESS	1601 BELVEDERE RD., SUITE 402S	
CITY-ST-ZIP	WEST PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DV
2.3 STREET ADDRESS	Beinbrech, William
2.4 CITY-ST-ZIP	8000 Ironhorse Blvd West Palm Beach, FL 33412
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	Barbara Frazier
3.4 CITY-ST-ZIP	8000 Ironhorse Blvd. West Palm Beach, FL 33412
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DS
4.3 STREET ADDRESS	Schroeder, Michael
4.4 CITY-ST-ZIP	1601 Belvedere Rd, Suite 402 West Palm Beach, FL 33408
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. O'Brien 4/2/97

Date

Daytime Phone # 0041065

CR2E037 (9/96)