


FILE NOW: FILING FEE IS \$61.25

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Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90038 020 ***211.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N32176

1. Corporation Name

IRONHORSE COUNTRY CLUB, INC.

Principal Place of Business

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

Mailing Address

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



| | | |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 05/03/1989 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 65-0127995 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'BRIEN, JAMES J | 1.2 NAME | |
| STREET ADDRESS | 8000 IRONHORSE BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33412 | 1.4 CITY-ST-ZIP | |
| TITLE | DV <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEINBRECH, WILLIAM | 2.2 NAME | |
| STREET ADDRESS | 8000 IRONHOUSE BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAZIER, BARBARA | 3.2 NAME | |
| STREET ADDRESS | 8000 IRONHORSE BLVD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | DS <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHROEDER, MICHAEL | 4.2 NAME | ROBIN MILLER |
| STREET ADDRESS | 1601 BELVEDERE RD., SUITE 402S | 4.3 STREET ADDRESS | 8000 IRONHORSE BLVD |
| CITY-ST-ZIP | WEST PALM BEACH FL | 4.4 CITY-ST-ZIP | WEST PALM BEACH, FL 33410 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JAMES O'BRIEN

1/30/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)