
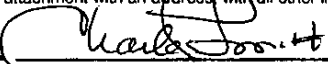


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90090 014 ****61.25

DOCUMENT # N32176 1. Entity Name IRONHORSE COUNTRY CLUB, INC.					
Principal Place of Business 8055 IRONHORSE BLVD WEST PALM BEACH, FL 33412 US			Mailing Address 8055 IRONHORSE BLVD WEST PALM BEACH, FL 33412 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0127995	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMITH, CHUCK 8274 BOR O LINK DR WEST PALM BEACH, FL 33412				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P SAVATANO, JIM <input type="checkbox"/> Delete 7852 FAIRWAY LANE WEST PALM BEACH, FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES SAVASTANO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURRLING, JOHN <input type="checkbox"/> Delete 7868 FAIRWAY LANE WEST PALM BEACH, FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN GUNNING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, CHUCK <input type="checkbox"/> Delete 8274 BOR O LINK DR WEST PALM BEACH, FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLES SMITH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOVER, TOM <input type="checkbox"/> Delete 7739 IRON HORSE BLVD WEST PALM BEACH, FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS LOVER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 			Date 1-26-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					