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.							02-0	07-2005 9	0090 ()14 ****6	1.25
Principal Place of Business 8055 IRONHORSE BLVD WEST PALM BEACH, FL 33412 US Maiting Address 8055 IRONHORSE BLVD WEST PALM BEACH, FL 33412 US WEST PALM BEACH, FL 33412 US					2 US			# 1 71 111 1 71 1			11137
2. Principal P	Place of Busine	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01252005	Chg-l	NP	CR2EC	37 (10/03)	
City & State			City & State			4. FEI Numi 65-01	ber 2 79 95			No	plied For t Applicable
Zip	Country		Zip	Zip Cou		5. Certificat	5. Certificate of Status Desired S8.75 Additive Fee Required				
<u></u>	- 6. Name	and Address of Current	Registered Agent			7. Name an	d Addres	s of New Re	gistered	Agent	
SMITH, CHUCK					Name Street Address (P.O. Box Number is Not Acceptable)						
8274 BOR O LINK DR WEST PALM BEACH, FL 33412					Sireer Auc	aress (F.O. Bax Num	Dei 15 1401				
					City		·		FI	Zip Code	θ
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the obligat	named entity tions of registe		r the purpose of changing	is register	rea office of re	registered agent, or b	om, m me	State of Flor	ida. Tam	ı lamıllar with,	and accept
SIGNATURE.			•								
SIGNATURE		or printed name of registered agent	and title if applicable. (I	NOTE: Registere	ed Agent signature	e required when reinstating)			DATE	-	
SIGNATURE	Signature, typed of	or printed name of registered agent o 1s \$61.25 ay 1, 2005	9. Election		Financing _	\$5.00 May	1.	Florid	ke ched la Depa	k payable to	ate
10.	Filing Fee Due by M	is \$61.25	9. Election of Trust Fur	Campaign F ad Contribut	Financing tion.		1.	Florid	ke ched la Depa	RECTORS IN	iate
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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 appreciate of the corporation of the co

SIGNATURE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05

Daytime Phone #