NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N94000005312 (3) DOCUMENT #

1. Corporation Name

THE VILLAS OF IRONHORSE PROPERTY OWNERS ASSOCIAT ION, INC.

Mailing Address



8065 IRONHORSE BLVD.			8065 IRONHORSE BLVD.						
	ISE BLVD. BEACH FL 33412		EST PALM BEACH FL						
							3. Date Incorporated or Qualified 10/25/1994	3a. Date of Las 04/27/	
2. Principal Pla	ice of Business	2a.	Mailing Address				4. FEI Number APPLIED FOR 65-0	2663121	Applied For
21	CC C. Bushiess	26					APPLIED FOR 65°		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 - 1	75 Additional e Required
2		27	City & State				6. Election Campaign Financing	\$5.	00 May Be
City & State		28	Oity a Ciato			•	Trust Fund Contribution	Ll Add	ded to Fees
Ζφ	Country	1	Zıp	Co	untry		8. This corporation has liability for in	itangible tax under	s. 199.032,
4	25	29		30	,		1 Florida Ottatores =	Yes No	
	Name and Address of Currer	nt Regis	tered Agent		81	Name	10. Name and Address of New Re	Bisteled Wielit	
					81	1			
	, JAMES J				82	Street Add	lress (P.O. Box Number is Not Acceptable	e)	
8055 IRONHORSE BLVD. WEST PALM BEACH FL 33412					83	 			
WES! P/	ALM DEAUTIFL 33412							[05]	Zip Code
					84	1		FL T	,
44 Curoupath	to the provisions of Sections 617.0500	2 and 61	7 1508, Florida Statute	es, the ab	L xave-	named corpo	oration submits this statement for the purp	oose of changing it	s registered offic
					cort	poration's boa	ard of directors. I hereby accept the appo	intment as register	ed agent. I am
familiar wit	th, and accept the obligations of, Sec	tion 617	.0503, Florida Statutes	3 .					
SIGNATURE	Signature, typed or printed name of registered agen	t and little if	anglicable. (NC	OTE Register	ed Age	nt signature require	ed wher: reinstaling!	DATE	
12.	OFFICERS AN			13	١.		ADDITIONS/CHANGES TO OFF		
TITLE	DP		DELETE	1.1	TITLE			🛗 Chang	ge 🔲 Addition
NAME	O'BRIEN, JAMES J		_	12	NAME	1			
STREET ADDRESS	C/O 8055 IRONHORSE BLVD) .		13	STREE	1 ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 3341			1.4	CITY -	ST-ZIP	<u></u>		
TITLE	DVT		DELETE		TITLE			Chang	ge 🔲 Addition
NAME	BEINBRECH, WILLIAM			22	NAME				
	C/O 8055 IRONHORSE BLVD).		23	STREE	T ADDRESS			
STREET ADDRESS	WEST PALM BEACH FL 334					-ST-2IP			
CITY-ST-ZIP TITLE	S		DELETE		TITLE			Chan	ge 🔲 Addition
NAME	FRAZIER, BARBARA		_	32	NAME				
STREET ADDRESS	C/O 8055 IRONHORSE BLVI).		33	STRE	ET ADDRESS			
•	WEST PALM BEACH FL 334			3.4	I. CITY	- ST - ZiP			
CITY - ST - ZIP	DS	· -	DELETE		TITLE			Chan	ige 🔲 Addition
NAME	SCHROEDER, MICHAEL			4	2 NAM	Æ			
STREET ADDRESS	C/O 1601 BELVEDERE RD.,	SUITE	402	4.3	STRE	ET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 334		_	4.4	CITY	-ST-ZIP			
TITLE			DELETE		TITLE			☐ Chan	nge 🔲 Addition
NAME	}		•	52	NAM S	E	40000189	54144	
STREET ADDRESS				5	3 STRE	ET ADDRESS	40000189 -06/06/36016	J84041	
CITY-ST-ZIP				- 1		-ST-ZIP	***61,2S		
TITLE			DELETE		1 THTLI			☐ Char	nge 🔲 Addition
NAME				6:	2 NAM	E			51
ļ	Į.					ET ADDRESS			// .
STREET ADDRESS						-ST-ZIP			<u> </u>
CITY-ST-ZIP					- 0111	U 411	for the exemption stated in Section 119	07/3)/k) Florida S	tatutes I further

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 early; 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 AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: