

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000005312 (3)**

1. Corporation Name

**THE VILLAS OF IRONHORSE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

8055 IRONHORSE BLVD.  
WEST PALM BEACH FL 33412

8055 IRONHORSE BLVD.  
WEST PALM BEACH FL 33412

3. Date Incorporated or Qualified  
**10/25/1994**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'BRIEN, JAMES J**  
8055 IRONHORSE BLVD.  
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	DP	<input type="checkbox"/> DELETE
NAME	O'BRIEN, JAMES J	
STREET ADDRESS	C/O 8055 IRONHORSE BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	BEINBRECH, WILLIAM	
STREET ADDRESS	C/O 8055 IRONHORSE BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FRAZIER, BARBARA	
STREET ADDRESS	C/O 8055 IRONHORSE BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SCHROEDER, MICHAEL	
STREET ADDRESS	C/O 1601 BELVEDERE RD., SUITE 402	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

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5/1/96

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES O'BRIEN

4/30/96

407-694-0550

Date

Daytime Phone #

CR2E037 (12/95)