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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
**8055 IRONHORSE BLVD.
 WEST PALM BEACH FL 33412**

Mailing Address
**8055 IRONHORSE BLVD.
 WEST PALM BEACH FL 33412-2404**

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/25/1994 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0663121 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

**O'BRIEN, JAMES J
 8055 IRONHORSE BLVD.
 WEST PALM BEACH FL 33412**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| 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 1801 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 | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 2255 Glades Road #319-Atrium |
| 4.4 CITY-ST-ZIP | Boca Raton, FL 33431-7383 |
| 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 | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: JAMES J O'BRIEN **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date 10/25/96 Daytime Phone # 0041089

CR2E037 (9/96)