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**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N94000005312**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/25/1994

4. FEI Number

65-0663121

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME DP  
 O'BRIEN, JAMES J  
 STREET ADDRESS C/O 8055 IRONHORSE BLVD.  
 CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE  DELETE

NAME DVT  
 BEINBRECH, WILLIAM  
 STREET ADDRESS C/O 8055 IRONHORSE BLVD.  
 CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE  DELETE

NAME S  
 FRAZIER, BARBARA  
 STREET ADDRESS C/O 8055 IRONHORSE BLVD.  
 CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE  DELETE

NAME BS  
 SCHROEDER, MICHAEL  
 STREET ADDRESS 2255 GLADES RD., #319-ARTRIM  
 CITY-ST-ZIP BOCA RATON FL

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

*Director*  
 Robin Miller  
 C/O 8055 IRONHORSE BLVD  
 WEST PALM BEACH, FL 33412

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*James O'Brien 1/20/99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)