

DOCUMENT # N94000005312

FILED  
May 22, 2000 8:00 am  
Secretary of State

04-22-2000 90095 030 \*\*\*\*61.25

1. Entity Name

THE VILLAS OF IRONHORSE PROPERTY OWNERS ASSOCIAT

Principal Place of Business

Mailing Address

8055 IRONHORSE BLVD.  
WEST PALM BEACH FL 33412

8055 IRONHORSE BLVD.  
WEST PALM BEACH FL 33412-2404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0663121

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name WILLIAM BEINBRECH  
Street Address (P.O. Box Number is Not Acceptable)

City AS BELOW FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE William Beinbrech  
Signature, typed or printed name of registered agent and title if applicable.

WILLIAM BEINBRECH 4/5/00  
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME MILLER, ROBIN  
STREET ADDRESS C/O 8055 IRONHORSE BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V.P. - Sir  Delete  
NAME KEN BROESEN  
STREET ADDRESS AS ABOVE  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 address, with all other like empowered.

SIGNATURE: BARBARA FRAZIER 4/5/00 561-694-0526  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)