

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90404 025 ****61.25

DOCUMENT # N94000005312

1. Entity Name
**THE VILLAS OF IRONHORSE PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**901 NORTHPOINT PKWY
STE. # 108
WEST PALM BEACH, FL 33407**

Mailing Address
**901 NORTHPOINT PKWY
STE. # 108
WEST PALM BEACH, FL 33407**

50008252



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03082006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0663121

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GCEISON, GARY
1645 PALM BEACH LAKES BLVD
1200
WEST PALM BEACH, FL 33401**

Name **GARY GERSON**
Street Address (P.O. Box Number is Not Acceptable)
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD HARRY, JOSE**
STREET ADDRESS **7624 PINEGROVE DR**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

TITLE ☒ Change ☐ Addition
NAME **D JOHN HARRY**
STREET ADDRESS **17604 PRESERVE DRIVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

TITLE ☒ Delete
NAME **KIRKLAND, JAMES E**
STREET ADDRESS **6797 AUGUSTA CT**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD BERNARD, NANCY**
STREET ADDRESS **8296 BOBOLINK DR**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

TITLE ☒ Change ☐ Addition
NAME **P NANCY BERNARD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TO WIKSON, RON**
STREET ADDRESS **6800 OAKMON WAY**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

TITLE ☒ Change ☐ Addition
NAME **D RON WILSON**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S RICHARD EVANS**
STREET ADDRESS **8191 CYPRESS POINT ROAD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T DAVE WEBBER**
STREET ADDRESS **8290 BOB-O-LINK DRIVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06

Date

Daytime Phone #