

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005312

FILED
Feb 20, 2009
Secretary of State

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

Current Principal Place of Business:

901 NORTHPOINT PKWY
SUITE 307
WEST PALM BEACH, FL 33407

Current Mailing Address:

901 NORTHPOINT PKWY
STE, 307
WEST PALM BEACH, FL 33407

New Principal Place of Business:

1201 US HIGHWAY ONE
SUITE 330
NORTH PALM BEACH, FL 33408

New Mailing Address:

1201 US HIGHWAY ONE
STE 330
NORTH PALM BEACH, FL 33408

FEI Number: 65-0663121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSON, GARY
1645 PALM BEACH LAKES BLVD
1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

MANNING, LAURA
1675 PALM BEACH LAKES BLVD
SUITE 500
WEST PALM BEACH, FL 33401 US

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: LAURA MANNING

02/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BERZENSKI, PAUL
Address: 6756 OAKMONT WAY
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D () Delete
Name: EVANS, RICHARD
Address: 8191 CYPRESS POINT RD
City-St-Zip: WEST PALM BEACH, FL 33412

Title: P () Delete
Name: JENNER, WILLIAM
Address: 8292 BOB-O-LINK DR
City-St-Zip: WEST PALM BEACH, FL 33412

Title: S () Delete
Name: BOWSER, LES
Address: 8218 BOB-O-LINK DRIVE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VP () Delete
Name: WEBBER, DAVE
Address: 8290 BOB-O-LINK DR
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BLOOM, AUDRIE
Address: 8258 SPYGLASS DRIVE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM JENNER

P

02/20/2009

Electronic Signature of Signing Officer or Director

Date