


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90102 019 \*\*\*\*61.25

DOCUMENT # N94000005314					
1. Entity Name IRONHORSE PARCEL C HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 901 NORTH POINT PKWY #108 WEST PALM BEACH, FL 33407		Mailing Address 901 NORTH POINT PKWY #108 WEST PALM BEACH, FL 33407			
2. Principal Place of Business - No P.O. Box # 901 Northpoint Pkwy		3. Mailing Address 901 Northpoint Pkwy			
Suite, Apt. #, etc. Suite 307		Suite, Apt. #, etc. Suite 307			
City & State West Palm Beach, FL		City & State WPB, FL			
Zip 33407	Country USA	Zip 33407	Country USA	4. FEI Number 65-0590961	
6. Name and Address of Current Registered Agent GERSON, GARY 1645 PALM BEACH LAKES BLVD #1200 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____		(NOTE: Registered Agent signature required when reinstating)		DATE _____	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRY, JOHN 7624 DIRESEVE DR WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Paul Berzenski 6765 Oakmont Way WPB, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNARD, NANCY 8296 BON-O-LONK DR WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Roy Caccia Guida 7780 Iron Horse Blvd WPB, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, RON 6800 OAK MONE WAY WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVANS, RICHARD 8191 CYPRESS POINT RD WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBBER, DAVE 8290 BON-O-LINK DR WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 empowerments.					
SIGNATURE: <u>Paul J Berzenski</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>1/18/07</u>	

40000000



01082007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

FL Zip Code

Make check payable to  
Florida Department of State

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition