



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90075 009 \*\*\*\*61.25

DOCUMENT # N94000005314					
1. Entity Name IRONHORSE PARCEL C HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 901 NORTH POINT PKWY #307 WEST PALM BEACH, FL 33407		Mailing Address 901 NORTH POINT PKWY #307 WEST PALM BEACH, FL 33407			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03312008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0590961				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GERSON, GARY 1645 PALM BEACH LAKES BLVD #1200 WEST PALM BEACH, FL 33401			Name 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERZENSKI, PAUL		NAME	ANDRIE BICOM	
STREET ADDRESS	6765 OAKMONT WAY		STREET ADDRESS	8292 SPYGLASS DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412		CITY-ST-ZIP	WEST Palm Beach, FL 33412	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNARD, NANCY		NAME	WILLIAM JENNER	
STREET ADDRESS	8296 BON-O-LONK DR		STREET ADDRESS	8292 BOB-O-LINK DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412		CITY-ST-ZIP	WEST Palm Beach, FL 33412	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CACCIAGUIDA, ROY		NAME	DAVID WEBER	
STREET ADDRESS	7780 IRONHORSE BLVD		STREET ADDRESS	8290 BOB-O-LINK DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412		CITY-ST-ZIP	WEST Palm Beach FL 33412	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, RICHARD		NAME		
STREET ADDRESS	8191 CYPRESS POINT RD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33412		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowered.					
SIGNATURE: <i>William Jenner</i>		4/15/08		WILLIAM C. JENNER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	