

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-22-2007 90102 021 ****61.25

DOCUMENT # N98000004473

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



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

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

40003100



2. Principal Place of Business - No P.O. Box #
901 Northpoint Pkwy

3. Mailing Address
901 Northpoint Pkwy

Suite, Apt. #, etc.
Suite 307

City & State
WPB, FL

Zip
33407

Country
USA

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0897866

Applied For
 Not Applicable

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

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

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRY, JOHN 7624 PRESERVE R W. PALM BCH, FL 33412 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNARD, NANCY 8296 BOB-O-LINK DR WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, RON 6800 OAKMONT WAY WEST PALM BEACH, FL 33412 <input checked="" type="checkbox"/> Delete
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	T WEBBER, DAVE 8290 BOB-O-LINK DR WEST PALM BEACH, FL 33412 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Paul Berzenski 6765 Oakmont Way WPB, FL 33402 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Roy Cacciaquida 7780 Ironhorse Blvd WPB, FL 33412 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowers.

SIGNATURE: Paul J Berzenski Paul J Berzenski 1/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

561-694-2304