2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004473

FILED Feb 23, 2009 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:			
901 NORTHPOINT PKWY #307 WEST PALM BEACH, FL 33407				1201 US HIGHWAY ONE SUITE 330 NORTH PALM BEACH, FL 33408			
Current Mailing Address:				New Mailing Address:			
901 NORTHPOINT PKWY #307 WEST PALM BEACH, FL 33407				1201 US HIGHWAY ONE SUITE 330 NORTH PALM BEACH, FL 33408			
FEI Number:	65-0897866	FEI Number Appl	ied For () FEI Nui	mber Not Appli	icable ()	Certificate of Status Desired ()	
Name and	Address of (Current Register	ed Agent:	Name and	Address o	f New Registered Agent:	
GERSON, GARY 1645 PALM BEACH LAKES BLVD #1200 WEST PALM BEACH, FL 33401 US				MANNING, LAURA 1675 PALM BEACH LAKES BLVD SUITE 500 WEST PALM BEACH, FL 33401 US			
The above in the State		submits this state	ment for the purpose o	of changing it	ts registered	d office or registered agent, or both,	
SIGNATURE: LAURA MANNING						02/23/2009	
	Electro	nic Signature of Re	egistered Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BERZENSKI, F 6765 OAKMON			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	JENNER, WILL 8292 BOB-O-L			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	WEBBER, DAY 8290 BOB-O-L			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	EVANS, RICHA 8191 CYPREE			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	BOWSER, LES 8218 BOB-O-L			Title: Name: Address: City-St-Zip:		(X) Change () Addition DREY LASS DRIVEDRIVE // BEACH, FL 33412	

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 02/23/2009