

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726191 (0)
1. Corporation Name
IRONWOOD FIFTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 4040 IRONWOOD CIRCLE, BRADENTON FL 34209 US
Mailing Address: 5726 CORTEZ RD W #144, BRADENTON FL 34210

3. Date Incorporated or Qualified: 04/20/1973
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1580394
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: KROEGER, RONALD H, 2611 47TH ST W, BRADENTON FL 34209
10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD NAME: MERRETT, JOHN STREET ADDRESS: 4040 IRONWOOD CIR., #506-F CITY-ST-ZIP: BRADENTON FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: SD 1.2 NAME: CLARK, RUTH 1.3 STREET ADDRESS: 4040 IRONWOOD CIR, 403F 1.4 CITY-ST-ZIP: BRADENTON FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: SHAW, RUSSELL STREET ADDRESS: 4040 IRONWOOD CIR., #505-F CITY-ST-ZIP: BRADENTON FL	<input type="checkbox"/> DELETE	2.1 TITLE: PD 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: LEWIS, THOMAS STREET ADDRESS: 4040 IRONWOOD CR 504-F CITY-ST-ZIP: BRADENTON FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: VD 3.2 NAME: GARDNER, RANDOLPH 3.3 STREET ADDRESS: 4040 IRONWOOD CIR, 203F 3.4 CITY-ST-ZIP: BRADENTON FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: FETTERS, MARILYN STREET ADDRESS: 4040 IRONWOOD CR 604-F CITY-ST-ZIP: BRADENTON FL	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: CEDARLEAF, PAUL STREET ADDRESS: 4040 IRONWOOD CIRCLE, 102-F CITY-ST-ZIP: BRADENTON FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: FETTERS, WILLIAM 5.3 STREET ADDRESS: 4040 IRONWOOD CIR, 604F 5.4 CITY-ST-ZIP: BRADENTON FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marilyn T. Feters (MARILYN T. FETTERS) 4-11-96 (941) 791-1873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)