

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 726191**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1580394

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KROEGER, RONALD H
2611 47TH ST W
BRADENTON FL 34209**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:**FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	CLARK, RUTH	
STREET ADDRESS	4040 IRONWOOD CIR, 403F	
CITY-ST-ZIP	BRADENTON FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	NEVINGER, DOROTHY	
STREET ADDRESS	4040 IRONWOOD CIR 703F	
CITY-ST-ZIP	BRADENTON FL	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MERRETT, JOHN	
STREET ADDRESS	4040 IRONWOOD CIR 506F	
CITY-ST-ZIP	BRADENTON FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	GARDNER, RANDOLPH	
STREET ADDRESS	4040 IRONWOOD CIR, 203F	
CITY-ST-ZIP	BRADENTON FL 34209	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARRISH, LINDA	
STREET ADDRESS	4040 IRONWOOD CIR, 301	
CITY-ST-ZIP	BRADENTON FL 34209	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Dorothy Nevinger **DOROTHY NEVINGER** 4/22/01 941-742-7873**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90022 049 ****61.25



DO NOT WRITE IN THIS SPACE

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