

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726191

**Entity Name:** IRONWOOD FIFTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4040 IRONWOOD CIRCLE  
BRADENTON, FL 34209

**Current Mailing Address:**

6400 MANATEE AVENUE WEST, SUITE F  
BRADENTON, FL 34209 US

**FEI Number:** 59-1580394

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOLMES BEACH PROPERTY MANAGEMENT  
6400 MANATEE AVENUE WEST  
SUITE F  
BRADENTON, FL 34209 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           TOLLO, JOHN  
Address        6400 MANATEE AVENUE WEST SUITE  
                  F  
City-State-Zip: BRADENTON FL 34209

Title           P  
Name           CANGEME, BILL  
Address        6400 MANATEE AVENUE WEST SUITE  
                  F  
City-State-Zip: BRADENTON FL 34209

Title           DIRECTOR  
Name           OHNETH, TED  
Address        6400 MANATEE AVENUE WEST SUITE  
                  F  
City-State-Zip: BRADENTON FL 34209

Title           VP  
Name           SALKA, GREG  
Address        6400 MANATEE AVENUE WEST SUITE  
                  F  
City-State-Zip: BRADENTON FL 34209

Title           M  
Name           CONDON, TOM  
Address        6400 MANATEE AVENUE WEST SUITE  
                  F  
City-State-Zip: BRADENTON FL 34209

Title           S  
Name           BROOKS-JUERGENS, KATHLEEN  
Address        6400 MANATEE AVENUE WEST,  
                  SUITE F  
City-State-Zip: BRADENTON FL 34209

*I hereby 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 all other like empowered.*

**SIGNATURE:** TOM CONDRON

**MANAGER**

**02/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date