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	D	Title	Р
Name	NEVINGER, DOROTHY	Name	CANGEME, BILL
Address	6400 MANATEE AVENUE WEST SUITE F	Address	6400 MANATEE AVENUE WEST SUITE F
City-State-Zip:	BRADENTON FL 34209	City-State-Zip:	BRADENTON FL 34209
Title	т	Title	VP
Name	OHNETH, TED	Name	SALKA, GREG
Address	6400 MANATEE AVENUE WEST SUITE F	Address	6400 MANATEE AVENUE WEST SUITE F
City-State-Zip:	BRADENTON FL 34209	City-State-Zip:	BRADENTON FL 34209
Title	Μ	Title	S
Name	CONDRON, TOM	Name	BROOKS-JUERGENS, KATHLEEN
Address	6400 MANATEE AVENUE WEST SUITE F	Address	6400 MANATEE AVENUE WEST, SUITE F
City-State-Zip:	BRADENTON FL 34209	City-State-Zip:	BRADENTON FL 34209

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

Current Principal Place of Business:

FEI Number: 59-1580394

Current Mailing Address:

DOCUMENT# 726191

4040 IRONWOOD CIRCLE BRADENTON, FL 34209

Name and Address of Current Registered Agent:

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: IRONWOOD FIFTH CONDOMINIUM ASSOCIATION, INC.

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

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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

04/12/2014

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date