

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006898

**FILED**  
**Jan 15, 2018**  
**Secretary of State**  
**CC0393004252**

**Entity Name:** FIFTH AND FOURTEENTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

432 14TH AVENUE N.  
UNIT A  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

432 14TH AVENUE N.  
UNIT A  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 81-4452793

**Certificate of Status Desired:** No

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

MANN, JEFFREY  
432 14TH AVENUE N.  
UNIT A  
JACKSONVILLE BEACH, FL 32250 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 P  
Name MANN, JEFFREY  
Address 432 14TH AVENUE N., UNIT A  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title V  
Name URBAN, ALEX  
Address 432 14TH AVENUE N., UNIT D  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title T  
Name CIPKO, ASHLEY  
Address 432 14TH AVENUE N., UNIT B  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title S  
Name GALLOWAY, JOHN  
Address 432 14TH AVENUE N., UNIT C  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** JEFFREY MANN

**PRESIDENT**

**01/15/2018**

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

\_\_\_\_\_  
Date