

This instrument prepared by:
Sharon S. Vander Wulp
Attorney at Law
712 Shamrock Blvd.
Venice, FL 34293



CERTIFICATE
OF
IRONWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.
SPRINKLER SYSTEM, HANDRAIL AND GUARDRAIL
RETROFIT OPT-OUT WAIVER REQUIREMENT

Ironwood Villas Condominium Association, Inc., its address being c/o Argus Management of Venice, Inc., 181 Center Road, Venice, FL 34285, Sarasota County, by the hands of the undersigned hereby certify that:

The Declaration of Condominium of Ironwood Villas, a condominium, is recorded in O.R. Book 2010, Page 1912, of the Public Records of Sarasota County, Florida. The vote to waive Sprinkler System, Handrail and Guardrail Retrofit Requirement as permitted by Chapters 718.112(l) and 718.1085, Florida Statutes, was submitted to the entire membership of the Association by consent form, and approved by affirmative vote in excess of Fifty percent (50%) of the total membership of the Association regarding the fire sprinkler retrofit waiver and in excess of two-thirds (2/3rds) for the handrail and guardrail retrofit waiver, as required by these provisions of the Condominium Act.

A copy of the signed and completed Retrofitting Report for Condominiums regarding this matter, as submitted to the Florida Division of Condominium, is attached.

IN WITNESS WHEREOF, said Association has caused this Certificate to be signed in its name by its President and Secretary, this 13 day of August 2016.

IRONWOOD VILLAS CONDOMINIUM ASSOC., INC.

By: *George Bessette*
George Bessette, as President

WITNESSES:

Mary T. Tweedie
Print Name: MARY T. Tweedie

Patricia Jusalewicz
Print Name: PATRICIA JUSALEWICZ

STATE OF RI
COUNTY OF Providence

I HEREBY CERTIFY that on this day before me, a Notary Public in and for the State of _____ at large, personally appeared George Bessette, as President of Ironwood Villas Condominium Association, Inc., and he acknowledged before me that he is an officer of said corporation; and he executed the foregoing Certificate Sprinkler System, Handrail and Guardrail Retrofit Requirement on behalf of said corporation, and affixed thereto the corporate seal of said corporation; that he is authorized to execute said Certificate Sprinkler System, Handrail and Guardrail Retrofit Requirement and that the execution thereof is the free act and deed of said corporation. He is personally known to me or have produced his drivers licenses as identification and did not take an oath.

RI WITNESS my hand and official seal at Cumberland (city),
County, Providence (state) this 13th day of August, 2016. September
Marguerite M. Vadnais
Printed Name of Notary
Marguerite M. Vadnais
Notary Public
Commission # 41030
My Commission Expires: 4/2/2017

My Commission Expires:

ATTEST:

By: Earl Larcher
Earl Larcher, as Secretary

WITNESSES:

Jada L. Feagley
Print Name: Jada L. Feagley

Linda R. Larcher
Print Name: LINDA R. LARCHER

STATE OF Tennessee
COUNTY OF Moore

I HEREBY CERTIFY that on this day before me, a Notary Public in and for the State of Tennessee at large, personally appeared Earl Larcher, as Secretary of Ironwood Villas Condominium Association, Inc., and he acknowledged before

me that he is such officer of said corporation; and they executed the foregoing Certificate Sprinkler System, Handrail and Guardrail Retrofit Requirement on behalf of said corporation, and affixed thereto the corporate seal of said corporation; that he is authorized to execute said Certificate Sprinkler System, Handrail and Guardrail Retrofit Requirement and that the execution thereof is the free act and deed of said corporation. He is personally known to me or has produced his drivers licenses as identification and did not take an oath.

WITNESS my hand and official seal at Knoxville (city), Knox
County, Tennessee (state) this 1 day of ~~August~~ ^{September}, 2016.

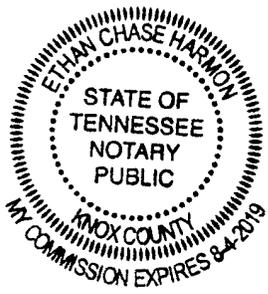
Ethan Chase Harmon

Printed Name of Notary:
Ethan Chase Harmon

Notary Public

Commission # _____

My Commission Expires: 8-4-14



RETROFITTING REPORT FOR CONDOMINIUMS

Name of condominium? IRONWOOD VILLAS, a condominium

Name of the association? IRONWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.

The condominium FCTMH file number?

Condominium# [1] [8] [2] [5] [5]

(Insert one number per block – to be found in the division's annual billing statement)

Condominium Associations are required to report to the Division of Florida Condominiums, Timeshares, and Mobile Homes (FCTMH) certain information regarding the membership vote to waive retrofitting requirements for fire sprinkler systems and handrails and guardrails. See Chapters 2003-14 and 2004-80, Laws of Florida.

Please select the retrofitting information provided in this report (select only one, provide two reports if waiving requirements for both fire sprinkler systems and handrails and guardrails.

fire sprinkler systems

handrails and guardrails

(Mark an "X" in any applicable block and complete all requested information.)

1. The above-named condominium has **voted to waive** retrofitting as indicated above (please complete all blanks). The **vote to waive** retrofitting requirements was conducted:

at a duly-called meeting of the association on _____ (fill in date); and/or
 by execution of written consents.

The specific results of that voting was...

63 The number of unit owners voting to **waive** the State of Florida requirements.

8 The number of unit owners voting **not to waive** the State of Florida requirements.

71 The **total number of voting interests** in the condominium association.

A certificate attesting to this vote is recorded in the County of Sarasota, Florida.
Book number _____ Page number _____

2. The above-named condominium **did not waive** retrofitting requirements. Commencement of the retrofitting project took place on _____ (fill in date).
The per unit cost of the retrofitting project is: \$ _____

3. The above-named condominium **already has** fire sprinklers or handrails and guardrails installed pursuant to the requirements and guidelines of Chapter 633, Florida Statutes.

4. Please provide the last date the Association filed its Annual Report with the Office of the Florida Secretary of State: February 12, 2016 (fill in date).

Signed and attested to by: George Bessette, Corporate Officer
(Signature)

George Bessette
(Print Name)

President
(Title)

August 23, 2016
(Date)

Return by mail to:

Department of Business and Professional Regulation
Division of Florida Condominiums, Timeshares, and Mobile Homes
1940 North Monroe Street, Tallahassee, Florida 32399-1033
Attention: RETROFITTING CERTIFICATION

or

FAX this report to 1.850.921.5446

This information is subject to Florida's Public Records Law and will be provided to the Florida Division of State Fire Marshal of the Department of Financial Services.

RETROFITTING REPORT FOR CONDOMINIUMS

Name of condominium? IRONWOOD VILLAS, a condominium

Name of the association? IRONWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.

The condominium FCTMH file number?

Condominium# [1] [8] [2] [5] [5]

(Insert one number per block – to be found in the division's annual billing statement)

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Please select the retrofitting information provided in this report (select only one, provide two reports if waiving requirements for both fire sprinkler systems and handrails and guardrails).

fire sprinkler systems

handrails and guardrails

(Mark an "X" in any applicable block and complete all requested information.)

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at a duly-called meeting of the association on _____ (fill in date); and/or

by execution of written consents.

The specific results of that voting was...

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71 The **total number of voting interests** in the condominium association.

A certificate attesting to this vote is recorded in the County of Sarasota, Florida.
Book number _____ Page number _____

2. The above-named condominium **did not waive** retrofitting requirements. Commencement of the retrofitting project took place on _____ (fill in date).

The per unit cost of the retrofitting project is: \$ _____

3. The above-named condominium **already has** fire sprinklers or handrails and guardrails installed pursuant to the requirements and guidelines of Chapter 633, Florida Statutes.

4. Please provide the last date the Association filed its Annual Report with the Office of the Florida Secretary of State: February 12, 2016 (fill in date).

Signed and attested to by: *George Bessette*, Corporate Officer
(Signature)

George Bessette
(Print Name)

President
(Title)

August 23, 2016
(Date)

Return by mail to:

Department of Business and Professional Regulation
Division of Florida Condominiums, Timeshares, and Mobile Homes
1940 North Monroe Street, Tallahassee, Florida 32399-1033
Attention: RETROFITTING CERTIFICATION

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