FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760387 (1)

1. Corporation Name

FAIRWAY BAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2018 HARBOURSIDE DR. LONGBOAT KEY FL 34228	2018 HARBOURSIDE DR. LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1981
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2229320 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

OLLENBERGER, ROBERTA
2018 HARBOURSIDE DR.
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name: McCANN, DALE
82 Street Address (P.O. Box Number is Not Acceptable): 2018 Harbourside Drive
83
84 City: Longboat Key **FL** 85 Zip Code: 34228

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Dale McCann, CAM 04/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	SPOLL, GEORGE	12 NAME		
STREET ADDRESS	2018 HARBOURSIDE DR.	13 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL	14 CITY-ST-ZIP		
TITLE	VPD	21 TITLE	D VP	☐ Change XX Addition
NAME	PASKOW, HERBERT	22 NAME	Dorman, Bert	
STREET ADDRESS	2018 HARBOURSIDE DR	23 STREET ADDRESS	2018 Harbourside Drive	
CITY-ST-ZIP	LONGBOAT KEY FL	24 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	D	31 TITLE	DS	☒ Change ☐ Addition
NAME	WEISS, JOHN	32 NAME	Paskow, Herbert	
STREET ADDRESS	2018 HARBOURSIDE DR.	33 STREET ADDRESS	2018 Harbourside Drive	
CITY-ST-ZIP	LONGBOAT KEY FL	34 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	DS	41 TITLE	DT	☒ Change ☐ Addition
NAME	WOODRUFF, KIMBERLY KELLY	42 NAME	Woodruff, Kimberly Kelly	
STREET ADDRESS	2018 HARBOURSIDE DR.	43 STREET ADDRESS	2018 Harbourside Drive	
CITY-ST-ZIP	LONGBOAT KEY FL	44 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	D	51 TITLE	Assistant Treasurer	☐ Change ☒ Addition
NAME	KRAKOVITZ, DOROTHY	52 NAME	Dorman, Marlyn	
STREET ADDRESS	2018 HARBOURSIDE DR.	53 STREET ADDRESS	2018 Harbourside Drive	
CITY-ST-ZIP	LONGBOAT KEY FL	54 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Fekete, Paul	
STREET ADDRESS		63 STREET ADDRESS	2018 Harbourside Drive	
CITY-ST-ZIP		64 CITY-ST-ZIP	Longboat Key, FL 34228	

$7.50 5/18

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with any address.

SIGNATURE: Kimberly Kelly-Woodruff, Treasurer 4/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND OFFICE OF BOARD OFFICER OR DIRECTOR — Date

Daytime Phone: (813)383-2701

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