

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760387** (1)  
1. Corporation Name  
**FAIRWAY BAY ASSOCIATION, INC.**

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

Mailing Address  
**2018 HARBOURSIDE DR.  
LONGBOAT KEY FL 34228**

3. Date Incorporated or Qualified  
**10/13/1981**

4. FEI Number  
**59-2228320**

Applied For  
☐ Not Applicable

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

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. Is this nonprofit corporation a homeowners association?  
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No **N/A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCANN, DALE  
2018 HARBOURSIDE DR.  
LONGBOAT KEY FL 34228**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **DALE MCCANN, Manager** **3/31/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SPOLL, GEORGE	
STREET ADDRESS	2018 HARBOURSIDE DR.	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DORMAN, BERT	
STREET ADDRESS	2018 HARBOURSIDE DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BEDNERIK, DARLENE	
STREET ADDRESS	2018 HARBOURSIDE RIVE	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, KENNETH	
STREET ADDRESS	2018 HARBOURSIDE DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FEKETE, PAUL	
STREET ADDRESS	2018 HARBOURSIDE DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ABRAHAMS, MARTIN	
1.3 STREET ADDRESS	2018 Harbourside Drive	
1.4 CITY-ST-ZIP	Longboat Key, FL 34228	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EYMAN, ELEANOR	
2.3 STREET ADDRESS	2018 Harbourside Drive	
2.4 CITY-ST-ZIP	Longboat Key, FL 34228	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PLANCK, J. KENT	
3.3 STREET ADDRESS	2018 Harbourside Drive	
3.4 CITY-ST-ZIP	Longboat Key, FL 34228	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 an address.

SIGNATURE: **Martin Abraham** **3/31/98** **(41) 383-2701**

CP2E037 (10/97)