

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 25, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760387

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/13/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2229320	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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 Ken Taylor
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 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

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

6/30/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOIL, GEORGE	1.2 NAME	
STREET ADDRESS	2018 HARBOURSIDE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORMAN, BERT	2.2 NAME	
STREET ADDRESS	2018 HARBOURSIDE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDNERIK, DARLENE	3.2 NAME	
STREET ADDRESS	2018 HARBOURSIDE RIVE	3.3 STREET ADDRESS	2018 Harbourside Drive
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAMS, MARTIN	4.2 NAME	DT
STREET ADDRESS	2018 HARBOURSIDE DRIVE	4.3 STREET ADDRESS	Jack McMahon
CITY-ST-ZIP	LONGBOAT KEY FL	4.4 CITY-ST-ZIP	2018 Harbourside Drive
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEKETE, PAUL	5.2 NAME	
STREET ADDRESS	2018 HARBOURSIDE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EYMAN, ELEANOR	6.2 NAME	
STREET ADDRESS	2018 HARBOURSIDE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	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, with all other like empowered.

SIGNATURE:

Paul Fekete

6/30/99

357-8828 (Dorman)