2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2007 8:00 am Secretary of State

DOCUMENT # 760387 1. Entity Name FAIRWAY BAY ASSOCIATION, INC.						04-04-2007 90165 044 ****61.25						
Principal Place of Business 2018 HARBOURSIDE DR. LONGBOAT KEY, FL 34228			2018	g Address HARBOURSIDE (BOAT KEY, FL 3				a ikh ab aud 411 2 4 1 8 54 1 8	A) Billis Billis Bill	il Glek Bigit Gre	4) 81 #1 (#1 1	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03272007	Chg-NP	CR2E03	37 (12/06)		
City & State			City & State				4. FEI Number 59-2229			<u> </u>	oplied For ot Applicable	
Zip		Country	Zip		Сол	intry	5. Certificate of	of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current	t Registere	d Agent			7. Name and /	Address of New I	Registered A	Agent		
JOHNSON, CHERI L 2018 HARBOURSIDE DR.						Name Kimberly A. Bonds Street Address (P.O. Box Number is Not Acceptable)						
LONGBOA						2018	Harbouc					
						City Long	ooat Ke	<u> </u>	FL	Zip Cod	228	
		y submits this statement f	or the purp	ose of changing its	register	ed office or registe	ered agent, or both	i, in the State of F	forida. I am f	familiar with,	and accept	
une oronigat	tions of regist	tered agent.	_	1								
Waster Bank												
SIGNATURE Signature, typed or printed name of registered agent and little of applicable. (NOTE: Registered Agent signature required to							and an interest and	<u>unu</u>	UV VIC	<i>)</i>		
	Signature, typeo	CI DINIGO PARIO DI TEGISIEI EO EGEI	пана ше парр	icable. (NOI	c: negistere	a Agent signature require	a when reinstating)	J	DATE			
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indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

INTED NAME OF SIGNING OFFICER OR DIRECTOR