

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00976 (3)

1. Corporation Name
FAIRWAY BAY II ASSOCIATION, INC.



Principal Place of Business 2018 HARBOURSIDE DR. LONGBOAT KEY FL 34228	Mailing Address 2018 HARBOURSIDE DR. LONGBOAT KEY FL 34228
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3. Date Incorporated or Qualified 01/18/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2442043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

MCCANN, DALE
2018 HARBOURSIDE DR.
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

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 617.0532 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* **Dale McCann, Manager** **3-26-96**
(Signature, typed or printed name of registered agent and title, if applicable.) (NOTE: Registered Agent signature required when recording.) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	LIPSCHUTZ, GERDI
STREET ADDRESS	2018 HARBOURSIDE DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	ELLISON, JOSEPH
STREET ADDRESS	2018 HARBOURSIDE DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WEBER, RICHARD
STREET ADDRESS	2018 HARBOURSIDE DR
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	REYNOLDS, GEORGE
STREET ADDRESS	2018 HARBOURSIDE DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CANNON, ALLAN
STREET ADDRESS	2018 HARBOURSIDE DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	S <input type="checkbox"/> DELETE
NAME	WOHLMAN, MARILYN
STREET ADDRESS	2018 HARBOURSIDE DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Oscar Fefferman
13 STREET ADDRESS	2018 Harbourside Drive
14 CITY-ST-ZIP	Longboat Key, FL 34228
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Marylin Wohlman
63 STREET ADDRESS	2018 Harbourside Drive
64 CITY-ST-ZIP	Longboat Key, FL 34228

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)(k), 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: *Joseph Ellison* **JOSEPH ELLISON, MANAGER** **3/26/96** (941) 383-2701
(Signature and typed or printed name of signing officer or director) Date Day, Month, Year

CR2E037 (12/95)