## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FAIRWAY BAY II ASSOCIATION, INC.

LONGBOAT KEY FL

·												
Principal Place of Business				Mailing Address					- - - -		# <b>415</b> 11 <b>8</b> 1511	01011 63516 1001
2018 HARBOURSIDE DR. LONGBOAT KEY FL 34228				2018 HARBOURSIDE DR. Longboat key fl 34228-4230								
•									3. Date Incorporated or Qualified 01/18/1984		e of Last F <b>04/02/1</b> 9	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For S9-2442043 Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					<del> </del>			Additional
22				27					5. Certificate of Status Desired		T	lequired
City & State			City & State					•	6. Election Campaign Financing		\$5.00	May Be
23			28						Trust Fund Contribution			to Fees
Zip	Country		Zip Cou			ountry			8. This corporation has liability for	intangible t	ax under s	s. 199.032,
24		25	29		30					Yes 🗶		
	9. Name	and Address of Current	Regis	lered Agent					10. Name and Address of New Re	gistered A	gent	
						81	Name	)	•			
MCCANN, DALE						82	Stree	et Address (P.O. Box Number is Not Acceptable)				
2018 HARBOURSIDE DR. Longboat key Fl. 34228						83		<del></del>				
						84	City				<b>85</b> Zip	Code
						L				FL		
11. Pursuant	to the provis	ions of Sections 617.0502	and 6	317.1508, Florida Statu da, Such channe was	ites, the a	ibove	e-name	d corpo	oration submits this statement for the pon's board of directors. I hereby accep	ourpose of a	changing i	its registered
agent. I a	ım familiar w	th, and accept the obligat	ions o	f, Section 617.0503, F	lorida Sta	itutes	3.	.poraci	sire sears of an edition ( the est) accept	or mo dppo		3.0g/0.00
SIGNATURE												
	Signature, typed	or printed name of registered agent					ent signatu	re require	d when reinslating)	DATE	DIDECTO	60 0140
12.	P	OFFICERS AND	DIKE	DELETE	13. 1.1 T				ADDITIONS/CHANGES TO OFFIC		Change	X XAddition
NAME		IUTZ, GERDI		C precit		IAME			irector onald Larsen	'	T Available	A-Aradinon
		ARBOURSIDE DRIVE					1000000		018 Harbourside D			
STREET ADDRESS		OAT KEY FL					ADDRESS	1.0		34228	į	
CITY-ST-ZIP TITLE	DT	UNI NEI FL		<b>K.X</b> DELETE	2.1 T		T-ZIP	+=`	ongoode Rey, 11	34220	Change	Addition
		N, JOSEPH		454 WEELTE		VAME				,	unange	Addition
NAME OTRET ADDRESS		ARBOURSIDE DRIVE					*DDDE00	,				
STREET ADDRESS		OAT KEY FL					ADDRESS					
CITY-ST-ZIP TITLE	VP	VALIGITE		☐ DELETE	3.1 T		ST-ZIP	+	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME		RMAN, OSCAR				IAME						
STREET ADDRESS		ARBOURSIDE DRIVE			1		ADDRESS	.				
CITY-ST-ZIP		OAT KEY FL					RUUNESS ST-ZIP					
TITLE	D			DELETE	41 T		J1 - E1F	1		·····	Change	Addition
NAME		LDS, GEORGE				NAME				•		
STREET ADDRESS		ARBOURSIDE DRIVE					ADDRESS					
CITY-ST-ZIP		OAT KEY FL					ST - ZIP					
TITLE	D			☐ DELETE		ITLE		1			Change	Addition
NAME		N, ALLAN				IAME					-	
STREET ADDRESS		ARBOURSIDE DRIVE					ADDRESS	;				
CITY-ST-ZIP		OAT KEY FL					11-21P					
TITLE	DS			DELETE		ITLE		$\top$	, ,		Change	Addition
NAME		AANL, MARILYN		1	ı.	NAME					-	
CTREET ADDRESS		ARROURSINE DRIVE		ı)			VDUBECO	,				

14. I do 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 pupply morphal aprual 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 of the feet of trustee of powered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or block 13 if chapter 617 and that my name

6.4 CITY - ST - ZIP

**FILED** 

Apr 23 1997 8:00am

Secretary of State