


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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
--	--

3. Date Incorporated or Qualified 01/18/1984		
4. FEI Number 59-2442043	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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	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* **DALE MCCANN, MANAGER 4-2-98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LIPSCHUTZ, GERDI		1.2 NAME Rothgaber, David	
STREET ADDRESS 2018 HARBOURSIDE DRIVE		1.3 STREET ADDRESS 2018 Harbourside Dr.	
CITY-ST-ZIP LONGBOAT KEY FL		1.4 CITY-ST-ZIP Longboat Key, FL	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LARSEN, DONALD		2.2 NAME Schaffner, Elinor	
STREET ADDRESS 2018 HARGOURSIDE DRIVE		2.3 STREET ADDRESS 2018 Harbourside Dr	
CITY-ST-ZIP LONGBOAT KEY FL		2.4 CITY-ST-ZIP Longboat Key, FL	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FEFFERMAN, OSCAR		3.2 NAME	
STREET ADDRESS 2018 HARBOURSIDE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP LONGBOAT KEY FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REYNOLDS, GEORGE		4.2 NAME	
STREET ADDRESS 2018 HARBOURSIDE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP LONGBOAT KEY FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CANNON, ALLAN		5.2 NAME	
STREET ADDRESS 2018 HARBOURSIDE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP LONGBOAT KEY FL		5.4 CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOHLMANL, MARILYN		6.2 NAME	
STREET ADDRESS 2018 HARBOURSIDE DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP LONGBOAT KEY FL		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: *DALE MCCANN* **DALE MCCANN** **4-2-98**

CR2E087 (10/97)