

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00976

1. Entity Name

FAIRWAY BAY II ASSOCIATION, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90027 018 ****61.25

Principal Place of Business 2018 HARBOURSIDE DR. LONGBOAT KEY FL 34228	Mailing Address 2018 HARBOURSIDE DR. LONGBOAT KEY FL 34228-4230
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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. Name and Address of Current Registered Agent

TAYLOR, KEN
2018 HARBOURSIDE DR
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name **Tom Murphy**
 Street Address (P.O. Box Number is Not Acceptable)
 City **same** State **FL** Zip Code **same**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE DATE **4/17/00**

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

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	FALLS, HAROLD
STREET ADDRESS	2016 HARBOURSIDE DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	ROTHGABER, DAVID
STREET ADDRESS	2018 HARGOURSIDE DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	FEFFERMAN, OSCAR
STREET ADDRESS	2018 HARBOURSIDE DRIVE
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	SCHAFFER, ELINOR
STREET ADDRESS	2016 HARBOURSIDE DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	DS <input type="checkbox"/> Delete
NAME	WOHLMAN, MARILYN
STREET ADDRESS	2018 HARBOURSIDE DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elison, Joseph
STREET ADDRESS	2018 Harbourside Dr.
CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillips, Marjorie
STREET ADDRESS	2018 Harbourside Dr
CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: DATE **4/17/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)