2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90009 018 ****61.25

DOCUMENT # N00976

1. Entity Name

FAIRWAY BAY II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2018 HARBOURSIDE DR. LONGBOAT KEY FL 34228	2018 HARBOURSIDE DR. LONGBOAT KEY FL 34228

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2442043 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DITCH, RON~~ ~~2018 HARBOURSIDE DR~~ ~~LONGBOAT KEY, FL 34228~~	Name: Johnson, Cheri L. Street Address (P.O. Box Number is Not Acceptable): 3825 Easton St. City: SARA. FL Zip Code: 34238

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: Cheri L. Johnson — 4/1/02

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NOLAN, JACK	NAME	
STREET ADDRESS	2018 HARBOURSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	CITY-ST-ZIP	
TITLE	T ☒ Delete	TITLE	Treasurer ☐ Change ☒ Addition
NAME	ELLISON, JOSEPH	NAME	Jack Schaffner
STREET ADDRESS	2018 HARGOURSIDE DRIVE	STREET ADDRESS	2018 Harbourside Dr.
CITY-ST-ZIP	LONGBOAT KEY FL 34228	CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, MARJORIE	NAME	
STREET ADDRESS	2018 HARBOURSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	CITY-ST-ZIP	
TITLE	P ☐ Delete 4/3/02	TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, GEORGE	NAME	
STREET ADDRESS	2018 HARBOURSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL George Reynolds	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	KLINE, PAUL	NAME	Hugh Helfenstein
STREET ADDRESS	2018 HARBOURSIDE DRIVE	STREET ADDRESS	2018 Harbourside Dr.
CITY-ST-ZIP	LONGBOAT KEY FL	CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	S ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BERGER, STANTON	NAME	
STREET ADDRESS	2018 HARBOURSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	CITY-ST-ZIP	

CR2E037 (9/01)

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: George Reynolds — 4/3/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #