

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90234 048 ****61.25

DOCUMENT # N00976
 1. Entity Name
FAIRWAY BAY II ASSOCIATION, INC.



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



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-2442043 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JOHNSON, CHERI L
 3825 EASTON ST
 SARASOTA FL 34238

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 2018 HarbourSide Dr.
 City State Zip Code
 Longboat Key FL 34228

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Cheri L. Johnson* DATE: 1/22/04

FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	D KASDAN, PETER	<input type="checkbox"/> Delete
STREET ADDRESS	2020 HARBOURSIDE DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE NAME	T SCHAFFNER, JACK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2015 HARBOURSIDE DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE NAME	VP PHILLIPS, MARJORIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2018 HARBOURSIDE DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE NAME	P REYNOLDS, GEORGE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2018 HARBOURSIDE DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE NAME	D PULCINI, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2016 HARBOURSIDE DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE NAME	S BERGER, STANTON	<input type="checkbox"/> Delete
STREET ADDRESS	2018 HARBOURSIDE DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TREASURER TAMAS MARKUS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2020 HarbourSide Dr. # 426	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE NAME	Vice Pres. JACK NOLAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2016 HarbourSide DR # 317	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE NAME	ASST. TREAS. JOE ELLISON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2016 HarbourSide DR. # 314	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE NAME	Dir. Paul Kline	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2016 HarbourSide DR. # 347	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Cheri L. Johnson, Mgr.* Date: 4/23/04 Daytime Phone #: (941) 383-2701