## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # N00976  1. Entity Name FAIRWAY BAY II ASSOCIATION, INC.				04-18-2005 90559 013 ****61.25		
Principal Place of Business 2018 HARBOURSIDE DR. LONGBOAT KEY, FL 34228		Mailing Address 2018 HARBOURSIDE DR. LONGBOAT KEY, FL 34228		20036030		
2. Principal Pla	ace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
				04122005 Chg-NP CR2E037 (10/03)		
City & State		City & State		4. FEI Number Applied For 59-2442043 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	_	
IOHNSON	CHERII		Name			
JOHNSON, CHERI L 2018 HARBOURSIDE DR LONGBOAT KEY, FL 34228			Street /	Address (P.O. Box Number is Nat Acceptable)	1	
			City	FL Zip Code	_	
8. The above	named entity submits this statement for	the purpose of changing its	registered office of	or registered agent, or both, in the State of Florida. I am familiar with, and accept	_	
the obligation	ons of registered agent.					
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signs	alure required when reinstating) DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Car Trust Fund (	npaign Financing Contribution.	\$5.00 May Be Added to Fees Horida Department of State	1	
10.	OFFICERS AND DIR		11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	_	
NAME	KASDAN, PETER	☐ Delete	TITLE NAME	Dorsey Gene Evente	1	
STREET ADDRESS	2020 HARBOURSIDE DR		STREET ADDRESS	Dorsey, Gene Everne 2010 Harbourside Dr. Haces		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	Longboot Kay FL 34228	_	
NAME	MARKUS, TAMAS	☐ Delete	TITLE NAME	/ Change Additio	ı	
STREET ADDRESS	2020 HARBOURSIDE DR. #426		STREET ADDRESS	1		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228 VP		CITY+ST-ZIP		_	
TITLE NAME	NOLAN, JACK	☐ Delete	title : name	☐ Change ☐ Addition	1	
STREET ADDRESS	2016 HARBOURSIDE DR. #317		STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	Cheem	_	
TITLE NAME	AT ELLISON, JOE	☐ Delete	TITLE NAME	☐ Change ☐ Additio	.1	
STREET ADDRESS	2016 HARBOURSIDE DR. #314		STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	☐ Change ☐ Additio	_	
TITLE NAME	KILINE, PAUL	☐ Delete	TITLE NAME	Change Addition	11	
STREET ADDRESS	2016 HARBOURSIDE DR. #347		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	,		
	LONGBOAT KEY, FL 34228	П вы-		Change in addition	_	
TITLE NAME	S BERGER, STANTON	☐ Delete	TITLE NAME	☐ Change ☐ Addition	IJ	
TITLE	S	☐ Delete	TITLE		ח	

Thereby carry that the information supplied with this faming does not quality for the exemption stated 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:

SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR

4/13/05 941.383.1743