


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90457 019 ****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.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
59-2442043 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
JOHNSON, CHERI L
2018 HARBOURSIDE DR
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

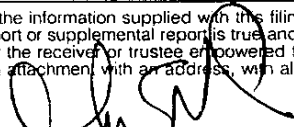
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KASDAN, PETER	
STREET ADDRESS	2020 HARBOURSIDE DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARKUS, TAMAS	
STREET ADDRESS	2020 HARBOURSIDE DR. #426	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOLAN, JACK	
STREET ADDRESS	2016 HARBOURSIDE DR. #317	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	ELLISON, JOE	
STREET ADDRESS	2016 HARBOURSIDE DR. #314	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	KILINE, PAUL	
STREET ADDRESS	2016 HARBOURSIDE DR. #347	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERGER, STANTON	
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	Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAAS, Fred	
STREET ADDRESS	2016 Harbourside Dr. # 311	
CITY-ST-ZIP	LBK, FL 34228	
TITLE	A. Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eugene Dorsey	
STREET ADDRESS	2018 Harbourside Dr. # 2003	
CITY-ST-ZIP	LBK, FL. 34228	
TITLE		<input 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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **JOHN E. NOLAN VP 4.10.06 941 387-7006**