

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11239 (3)

1. Corporation Name

FAIRWAY BAY III ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2018 HARBOURSIDE DRIVE
LONGBOAT KEY FL 34228
US2018 HARBOURSIDE DRIVE
LONGBOAT KEY FL 34228-4230
US3. Date Incorporated or Qualified
09/23/19853a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0024352Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCANN, DALE
2018 HARBOURSIDE DRIVE
LONGBOAT KEY FL 34228

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FISHER, RONALD | |
| STREET ADDRESS | 2018 HARBOURSIDE DR | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Bernard Anthone | |
| 1.3 STREET ADDRESS | 2018 Harbourside Drive | |
| 1.4 CITY-ST-ZIP | Longboat Key, FL 34228 | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SOMMERS, NORMAN | |
| STREET ADDRESS | 2018 HARBOURSIDE DR | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |

| | | |
|--------------------|------------------------|--|
| 2.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Matthew Zito | |
| 2.3 STREET ADDRESS | 2018 Harbourside Drive | |
| 2.4 CITY-ST-ZIP | Longboat Key, FL 34228 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | JEROME, JOSEPH | |
| STREET ADDRESS | 2018 HARBOURSIDE DRI | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |

| | | |
|--------------------|--|---|
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | MILLER, GLEN | |
| STREET ADDRESS | 2018 HARBOURSIDE DR | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |

| | | |
|--------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | WEXLER, JACK | |
| STREET ADDRESS | 2018 HARBOURSIDE DR | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | AT | <input type="checkbox"/> DELETE |
| NAME | BAKAL, BARNETT | |
| STREET ADDRESS | 2018 HARBOURSIDE DR | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |

| | | |
|--------------------|------------------------|--|
| 6.1 TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | BAKAL, BARNETT | |
| 6.3 STREET ADDRESS | 2018 Harbourside Drive | |
| 6.4 CITY-ST-ZIP | Longboat Key, FL 34228 | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)