FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FILED Apr 10 1998 8:00am Secretary of State

FAINWAT BAY III ASSOCIATION, INC.									
Principal Place of Business		Mailing Address				n reministrat den ersten frend mend ferria folg mist	/	HEAR BIEN CORT	
2018 HARBOU LONGBOAT KE US		2018 HARBOURSIDE DRIVE LONGBOAT KEY FL 34228 US			-	3. Date incorporated or Qualified 09/23/1985 4. FEI Number Applied For			
2. Principal P	Place of Business	2a. Mailing Address		· ·····		65-0024352	4.5	ot Applicable	
21 26						5. Certificate of Status Desired	• • •	Additional equired	
Suite, Apt.		Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
City & Stat	e	City & State	Dity & State			7. Is this nonprofit corporation a homeowners association? Yes No			
Zip			Country			8. This corporation owes or has paid the			
24	25		30			Personal Property Tax due June 30.		No	
	9. Name and Address of Currer	nt Hegistered Agent	81	Name		10. Name and Address of New Register	ed Agent		
			"	IVALIFO	,				
MCCANN, DALE 2018 HARBOURSIDE DRIVE			82	Street	Address	Address (P.O. Box Number is Not Acceptable)			
LONGBOAT KEY FL 34228			83	1					
			84	City			85 Zip	Code	
							•L		
11. Pursuant office or i	to the provisions of Sections 617.050 registered agent, or both, in the State)2 and 617.1508, Florida Statute e of Florida. Such change was a	is, the abor uthorized b	re-named by the cor	d corpora rooration	ation submits this statement for the purpos 's board of directors. I hereby accept the	e of changing i appointment as	ts registered	
agent. I a	im familiar with, and accept the oblig		rida Statute	98.		17.61		g	
SIGNATURE	Laure	DALETY	ICLAN	N, M f	anac	5P4'Z'98			
12,	Signature, typed or printed name of registered ag-	ID DIRECTORS	13.	gent Bignatur	re required v	ADDITIONS/CHANGES TO OFFICERS	•	98 INI 12	
TITLE	DR STREET	DELETE	1.1 TITLE		DP		Change	Addition	
NAME	FISHER, RONALD		1.2 NAME			her, Ronald			
STREET ADDRESS	2018 HARBOURSIDE DR			T ADDRESS	יין ין	The fice bala			
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-		1 .				
TITLE	1 201	☐ DELETE	2.1 TITLE		DVI		Change	☐ Addition	
NAME	SOMMERS, NORMAN		2.2 NAME			nmers, Norman	ZZZ Orazigo		
STREET ADDRESS	2018 HARBOURSIDE DR			T ADDRESS		niners, North Car			
CITY-ST-ZIP	LONGBOAT KEY FL		2.4 City						
TITLE	19VP	DELETE	3.1 TITLE		1		Change	☐ Addition	
NAME	JEROME, JOSEPH		3.2 NAME		Tor	ome, Joseph			
STREET ADDRESS	2018 HARBOURSIDE DRI			T ADDRESS	۲	one, occup. I			
CITY-ST-ZIP	LONGBOAT KEY FL		3.4. CITY						
TITLE	D			TLE D			☐ Change	M Addition	
NAME	ZITO, MATTHEW	•	4. 2 NAMI	Ε	_	ant, Carl		~	
STREET ADDRESS	2018 HARBOURSIDE DR			T ADDRESS	301	18 Harbouroide Dr	•		
CITY-ST-ZIP	LONGBOAT KEY FL		4.4 CITY		100	ngboot Key, FL			
TITLE	X	☐ DELETE	5.1 TITLE		D		Change	Addition	
NAME	WEXLER, JACK		5.2 NAME		We	xler, Jack			
STREET ADDRESS	2018 HARBOURSIDE DR			T ADDRESS		, , , , , , , , , , , , , , , , , , , ,			
CITY-ST-ZIP	LONGBOAT KEY FL		5.4 CITY					,	
TITLE		☐ DELETE	6.1 TITLE		103		Change	Addition	
NAME	BAKAL, BARNETT		6.2 NAME		And	have bemard		,-	
STREET ADDRESS	2018 HARBOURSIDE DR			T ADDRESS	120	hone bemard			

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

4.298