

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90185 012 ****61.25

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DOCUMENT # N11239

1. Corporation Name

FAIRWAY BAY III ASSOCIATION, INC.

Principal Place of Business

**2018 HARBOURSIDE DRIVE
LONGBOAT KEY FL 34228
US**

Mailing Address

**2018 HARBOURSIDE DRIVE
LONGBOAT KEY FL 34228
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/23/1985

4. FEI Number

65-0024352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**MCGANN, DALE
2018 HARBOURSIDE DRIVE
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent

81 Name **TAYLOR, Ken**
82 Street Address (P.O. Box Number is Not Acceptable)
2018 HARBOURSIDE DRIVE
83
84 City **Longboat Key** FL 85 Zip Code **34228**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **DP**
NAME **FISHER, RONALD**
STREET ADDRESS **2018 HARBOURSIDE DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **DVP** ☐ DELETE
NAME **SOMMERS, NORMAN**
STREET ADDRESS **2018 HARBOURSIDE DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **D** ☐ DELETE
NAME **JEROME, JOSEPH**
STREET ADDRESS **2018 HARBOURSIDE DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **DS** ☐ DELETE
NAME **ANTHONE, BERNARD**
STREET ADDRESS **2018 HARBOURSIDE DR**
CITY-ST-ZIP **LONGBOAT KEY FL 34428**

TITLE **D** ☒ DELETE
NAME **WEXLER, JACK**
STREET ADDRESS **2018 HARBOURSIDE DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **T** ☐ DELETE
NAME **BAKAL, BARNETT**
STREET ADDRESS **2018 HARBOURSIDE DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **GRANT, CARL**
1.3 STREET ADDRESS **2110 Harbourside DR**
1.4 CITY-ST-ZIP **Longboat Key FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME **Paskow, Herb**
5.3 STREET ADDRESS **2110 Harbourside Dr.**
5.4 CITY-ST-ZIP **Longboat Key, FL 34228**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)