2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

FILED May 17, 2000 8:00 am Secretary of State **DOCUMENT # N11239** 1. Entity Name FAIRWAY BAY III ASSOCIATION, INC. 05-17-2000 90945 034 ****61.25 Principal Place of Business Mailing Address 2018 HARBOURSIDE DRIVE 2018 HARBOURSIDE DRIVE LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228-4230 T A A L 9 D 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0024352 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Murph <u>om</u> Street Address (P.O. Box Number is Not Acceptable) TAYLOR, KEN 2018 HARBOURSIDE DRIVE LONGBOAT KEY FL 34228 City 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 SIGNATURE 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. DP □ Change **X**Addition **X**Delete TITLE OP TITLE Fisher, Koneld NAME NAME GRANT, CARL 2018 HARBOURSIDE DR 2110 HARBOUR DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOWGBOAT KEN Z Longboat key FL 34228 ☐ Addition ☐ Change DVP TITLE Delete TITLE SOMMERS, NORMAN NAME NAME STREET ADDRESS 2018 HARBOURSIDE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF LONGBOAT KEY FL 34228 Change ■ Addition Delete D TITLE TITLE Weber, Richard 2018 HARBOURSIDE DR NAME Jerome, Joseph NAME STREET ADDRESS STREET ADDRESS 2018 HARBOURSIDE DRI CITY-ST-ZIP CITY-ST-ZIP Longboat key FL 34228 ☐ Addition Change DS TITLE TITLE Delete anthone, Bernard NAME NAME STREET ADDRESS STREET ADDRESS 2018 HARBOURSIDE DR CITY-ST-ZIP CITY-ST-ZIP Longboat Key <u>fl</u> 34428 ☐ Addition ". Change TITLE ■ Delete TIT! F PASKOW, HERB NAME NAME STREET ADDRESS STREET ADDRESS 2018 HARBOURSIDE DR CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Change ☐ Addition Delete TITLE BAKAL BARNETT NAME NAME STREET ADDRESS STREET ADDRESS 2018 HARBOURSIDE DR CITY-ST-ZIP CITY-ST-ZIP Longboat key fl 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 truckee empowerse to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR