

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90501 012 \*\*\*\*61.25

**DOCUMENT # N11239**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0024352**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURPHY, TOM  
 2018 HARBOURSIDE DRIVE  
 LONGBOAT KEY FL 34228**

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.

SIGNATURE

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

(NOT) Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GRANT, CARL	
STREET ADDRESS	2110 HARBOUR DR.	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SOMMERS, NORMAN	
STREET ADDRESS	2018 HARBOURSIDE DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JEROME, JOSEPH	
STREET ADDRESS	2018 HARBOURSIDE DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ANTHONE, BERNARD	
STREET ADDRESS	2018 HARBOURSIDE DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34428	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASKOW, HERB	
STREET ADDRESS	2018 HARBOURSIDE DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAKAL, BARNETT	
STREET ADDRESS	2018 HARBOURSIDE DR	
CITY-ST-ZIP	LONGBOAT KEY FL	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Campbell	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director, Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Weber	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director / Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Jerome	
STREET ADDRESS		
CITY-ST-ZIP		
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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that no 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:

**PROPERT**

**14-16-01 (941)383-2701**

CR2E037 (10/00)