2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90650 019 ****61.25

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DOCUMENT # N11239

1. Entity Name

FAIRWAY BAY III ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~BETH CALLANS MGMT. CORP~~ ~~2018 HARBOURSIDE DRIVE~~ LONGBOAT KEY FL 34228 US 595 BAY ISLES Rd. SUITE 201	BETH CALLANS MGMT. CORP. ~~2018 HARBOURSIDE DRIVE~~ LONGBOAT KEY FL 34228 US 595 BAY ISLES Rd. SUITE 201
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State LONGBOAT KEY, FL	City & State LONGBOAT KEY, FL
Zip 34228 Country USA	Zip 34228 Country USA

DO NOT WRITE IN THIS SPACE

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~~ BETH CALLANS MANAGEMENT CORP. 595 BAY ISLES Rd. LONGBOAT KEY, FL 34228 SUITE 201	Name BETH CALLANS MGMT CORP. Street Address (P.O. Box Number is Not Acceptable) 595 BAY ISLES Rd. SUITE 201 City LONGBOAT KEY FL Zip Code 34228

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 Beth Callans

Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ VICE PRESIDENT CAMPBELL, JAMES 2110 HARBOUR~~2018~~SIDE DR LONGBOAT KEY FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-president Campbell, James 2110 Harbourside Dr. Longboat Key, FL 34228	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~SOMMERS, NORMAN~~ ~~2018 HARBOURSIDE DR~~ ~~LONGBOAT KEY FL 34228~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director John Hernstadt 2120 Harbourside Dr Longboat Key, FL 34228	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DEP~~ PRESIDENT WEBER, RICHARD ~~2018~~ HARBOURSIDE DRI LONGBOAT KEY FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Weber, Richard 2110 Harbourside Drive Longboat Key, FL 34228	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ~~ELRETARY~~ JEROME, GAIL ~~2018~~ HARBOURSIDE DR LONGBOAT KEY FL 34428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Jerome, Gail 2120 Harbourside Drive Longboat Key, FL 34228	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PASKOW, HERB ~~2018~~ HARBOURSIDE DR LONGBOAT KEY FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~BAKAL, BARNETT~~ ~~2018 HARBOURSIDE DR~~ ~~LONGBOAT KEY FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer O'brien, John 2110 Harbourside Drive Longboat Key, FL 34228	☐ Change ☒ Addition

CR2E037 (9/01)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gail Jerome Secretary 3/15/02 941 383-9621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #