
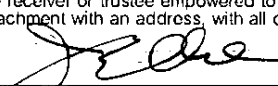


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90058 023 \*\*\*\*61.25

<b>DOCUMENT # N11239</b> 1. Entity Name <b>FAIRWAY BAY III ASSOCIATION, INC.</b>					
Principal Place of Business <b>BETH CALLANS MANAGEMENT CORP.</b> <b>595 BAY ISLES RD SUITE 201</b> <b>LONGBOAT KEY FL 34228</b> <b>US</b>		Mailing Address <b>BETH CALLANS MANAGEMENT CORP.</b> <b>595 BAY ISLES RD SUITE 201</b> <b>LONGBOAT KEY FL 34228</b> <b>US</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country		City & State Zip      Country		4. FEI Number <b>65-0024352</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE      CR2E037 (10/06)			
6. Name and Address of Current Registered Agent  <b>BETH CALLANS MANAGEMENT CORP.</b> <b>595 BAY ISLES ROAD</b> <b>SUITE 201</b> <b>LONGBOAT KEY FL 34228</b>			7. Name and Address of New Registered Agent Name <b>ARGUS PROPERTY MANAGEMENT INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>2477 STICKNEY BLVD DR</b> <b>SUITE 118 A</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34231</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FRY, CHUCK 2110 HARBORSIDE #558 LONGBOAT KEY FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CATHA ABRAHAMS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2120 HARBOURSIDE DR #1626 LONGBOAT KEY, FL 34228		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAZUR, LEONARD <input type="checkbox"/> Delete 2110 HARBORSIDE #513 LONGBOAT KEY FL 34428	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARLENE HORWITZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2120 HARBOURSIDE DR LONGBOAT KEY, FL 34228		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALKER, CHERYL <input type="checkbox"/> Delete 2120 HARBOURSIDE DR. #645 LONGBOAT KEY FL 34228	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIERKS, JAMES <input type="checkbox"/> Delete 2120 HARBOURSIDE DRIVE # 614 LONGBOAT KEY FL 34228	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DOSTER, JOHN <input type="checkbox"/> Delete 2110 HARBOURSIDE DRIVE # 557 LONGBOAT KEY FL 34228	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.					
<b>SIGNATURE:</b>  <b>JAMES E. DIERKS</b> 2/1/07      (941) 387-8591 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					