

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760387

Entity Name: FAIRWAY BAY ASSOCIATION, INC.**Current Principal Place of Business:**2018 HARBOURSIDE DR.
LONGBOAT KEY, FL 34228**Current Mailing Address:**2018 HARBOURSIDE DR.
LONGBOAT KEY, FL 34228**FEI Number:** 59-2229320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, CHERI CAM
2018 HARBOURSIDE DR
LONGBOAT KEY, FL 34228 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	HARRISON, NAN
Address	2018 HARBORSIDE DR
City-State-Zip:	LONGBOAT KEY FL 34228

Title	ASST. TREASURER
Name	KALEIDA, RICHARD
Address	2018 HARBOURSIDE DR
City-State-Zip:	LONGBOAT KEY FL 34228

Title	TREASURER
Name	PORT, ALAN
Address	2018 HARBOURSIDE DR.
City-State-Zip:	LONGBOAT KEY FL 34228

Title	DIRECTOR
Name	BURKMIER, MATTHEW
Address	2018 HARBOURSIDE DR.
City-State-Zip:	LONGBOAT KEY FL 34228

Title	SECRETARY
Name	MANGEL, SUE
Address	2018 HARBOURSIDE DR
City-State-Zip:	LONGBOAT KEY FL 34228

Title	PRESIDENT
Name	STEN, RON
Address	2018 HARBOURSIDE DR.
City-State-Zip:	LONGBOAT KEY FL 34228

Title	DIRECTOR
Name	SULZMAN, FRANK
Address	2018 HARBOURSIDE DR.
City-State-Zip:	LONGBOAT KEY FL 34228

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RON STEN**PRESIDENT****03/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date