

2015 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 :**

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

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|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | LUCA, EUGENE |
| Address | 2018 HARBOURSIDE DR |
| City-State-Zip: | LONGBOAT KEY FL 34228 |

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

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|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | LIEBERMAN, PHILLIP |
| Address | 2018 HARBOURSIDE DR. |
| City-State-Zip: | LONGBOAT KEY FL 34228 |

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

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|-----------------|-----------------------|
| Title | PRESIDENT |
| Name | KASTEN, JOHN |
| Address | 2018 HARBOURSIDE DR. |
| City-State-Zip: | LONGBOAT KEY FL 34228 |

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|-----------------|-----------------------|
| 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: SUZANNE MANGEL**SECRETARY****03/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date