

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003540

**FILED**  
**Mar 19, 2021**  
**Secretary of State**  
**1730418873CC**

**Entity Name:** FAIRWAY GREENS II AT STONEYBROOK, INC.

**Current Principal Place of Business:**

4370 S. TAMIAMI TRAIL  
SUITE 102  
SARASOTA, FL 34231

**Current Mailing Address:**

4370 S. TAMIAMI TRAIL  
SUITE 102  
SARASOTA, FL 34231

**FEI Number:** 56-2371325

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CASEY CONDOMINIUM MANAGEMENT  
4370 S. TAMIAMI TRAIL  
SUITE 102  
SARASOTA, FL 34231 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            PRESIDENT  
Name            SWINGLE, DENNIS  
Address        4370 S. TAMIAMI TRAIL, SUITE 102  
City-State-Zip: SARASOTA FL 34231

Title            VP  
Name            SPENCER, ROBIN  
Address        4370 S. TAMIAMI TRAIL #102  
City-State-Zip: SARASOTA FL 34231

Title            TREASURER, SECRETARY  
Name            TROPP, IRA  
Address        4370 S. TAMIAMI TRAIL  
                 SUITE 102  
City-State-Zip: SARASOTA FL 34231

Title            ASST. SECRETARY  
Name            SPENCE, BRIDGET  
Address        4370 S. TAMIAMI TRAIL  
                 SUITE 102  
City-State-Zip: SARASOTA FL 34231

*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:** BRIDGET SPENCE

**ASSISTANT SECRETARY    03/19/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date