

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11239

Entity Name: FAIRWAY BAY III ASSOCIATION, INC.**Current Principal Place of Business:**2120 HARBOURSIDE DRIVE
MANAGEMENT OFFICE
LONGBOAT KEY, FL 34228**Current Mailing Address:**2120 HARBOURSIDE DRIVE
MANAGEMENT OFFICE
LONGBOAT KEY, FL 34228 US**FEI Number:** 65-0024352**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LONGBOAT PRIVATE SERVICES
595 BAY ISLES RD
STE 225
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:** DAVID NOVAK

03/22/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------|
| Title | P |
| Name | ROSICA, GABE |
| Address | 2110 HARBOURSIDE DRIVE |
| City-State-Zip: | LONGBOAT KEY FL 34228 |

| | |
|-----------------|-----------------------|
| Title | T |
| Name | BLANEY, CHARLOTTE |
| Address | 2110 HARBORSIDE |
| City-State-Zip: | LONGBOAT KEY FL 34428 |

| | |
|-----------------|---------------------------|
| Title | S |
| Name | MCDANIEL, FRANK |
| Address | 2110 HARBOURSIDE DR. #556 |
| City-State-Zip: | LONGBOAT KEY FL 34228 |

| | |
|-----------------|-----------------------|
| Title | VP |
| Name | STEPP, TALI |
| Address | 2120 HARBOURSIDE DR |
| City-State-Zip: | LONGBOAT KEY FL 34228 |

| | |
|-----------------|---|
| Title | ASST. TREASURER |
| Name | KREPELA, ED |
| Address | 2120 HARBOURSIDE DRIVE MANAGEMENT OFFICE |
| City-State-Zip: | LONGBOAT KEY FL 34228 |

| | |
|-----------------|--------------------------------|
| Title | ASST. SECRETARY |
| Name | NOVAK, DAVID |
| Address | 595 BAY ISLES RD. SUITE 225 |
| 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: DAVID NOVAK

CAM

03/22/2022

Electronic Signature of Signing Officer/Director Detail

Date