

2021 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:**WELLS, KEVIN TESQ.
THE LAW OFFICES OF KEVIN T. WELLS, P.A.
1800 2ND STREET - SUITE 808
SARASOTA, FL 34236 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	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	KRIEGER, CAROLE
Address	2120 HARBOURSIDE DR.
City-State-Zip:	LONGBOAT KEY FL 34228

Title	VP
Name	STEPP, TAL
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 100
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

ASST SECRETARY

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date