


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90457 019 ****61.25

DOCUMENT # N00976
 1. Entity Name
FAIRWAY BAY II ASSOCIATION, INC.



Principal Place of Business: **2018 HARBOURSIDE DR. LONGBOAT KEY FL 34228**
 Mailing Address: **2018 HARBOURSIDE DR. LONGBOAT KEY FL 34228**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **59-2442043**
 Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOHNSON, CHERI L
2018 HARBOURSIDE DR
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering)
 DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

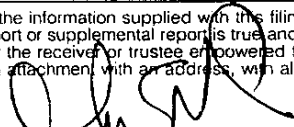
10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | KASDAN, PETER | |
| STREET ADDRESS | 2020 HARBOURSIDE DR | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | MARKUS, TAMAS | |
| STREET ADDRESS | 2020 HARBOURSIDE DR. #426 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | NOLAN, JACK | |
| STREET ADDRESS | 2016 HARBOURSIDE DR. #317 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | AT | <input checked="" type="checkbox"/> Delete |
| NAME | ELLISON, JOE | |
| STREET ADDRESS | 2016 HARBOURSIDE DR. #314 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KILINE, PAUL | |
| STREET ADDRESS | 2016 HARBOURSIDE DR. #347 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BERGER, STANTON | |
| STREET ADDRESS | 2018 HARBOURSIDE DRIVE | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Treas. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAAS, Fred | |
| STREET ADDRESS | 2016 Harbourside Dr. # 311 | |
| CITY-ST-ZIP | LBK, FL 34228 | |
| TITLE | A. Treas. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Eugene Dorsey | |
| STREET ADDRESS | 2018 Harbourside Dr. # 2003 | |
| CITY-ST-ZIP | LBK, FL. 34228 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN E. NOLAN VP 4.10.06 941 387-7006**