


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90165 012 ****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 - No P.O. Box # <i>2018 Harbourside Dr</i>		3. Mailing Address <i>same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Longboat Key, FL</i>		City & State	
4. FEI Number 59-2442043		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <i>Kimberly Bonds</i> Street Address (P.O. Box Number is Not Acceptable) <i>2018 Harbourside Dr</i> City <i>Longboat Key</i> FL Zip Code <i>34228</i>	
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 <i>Kimberly Bonds</i> DATE <i>March 21, 07</i>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KASDAN, PETER 2020 HARBOURSIDE DR LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>George Smith</i> <i>2000 Harbourside Dr #1501</i> <i>Longboat Key, FL 34228</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAAS, FRED 2016 HARBOURSIDE DR 311 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOLAN, JACK 2016 HARBOURSIDE DR. #317 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Dir</i> <i>Bernard Phillips</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>2018 Harbourside Dr</i> <i>Longboat Key, FL 34228</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DORSEY, EUGENE 2010 HARBOURSIDE DR 2003 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILINE, PAUL 2016 HARBOURSIDE DR. #347 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Assistant Treasurer</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Kiline, Paul</i> <i>2016 Harbourside Dr. #347</i> <i>Longboat Key FL 34228</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERGER, STANTON 2018 HARBOURSIDE DRIVE LONGBOAT KEY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>[Signature]</i>		Date: <i>3/21/07</i> Daytime Phone #: <i>941-387-2188</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			