

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00976

FILED
Jan 06, 2009
Secretary of State

Entity Name: FAIRWAY BAY II ASSOCIATION, INC.

Current Principal Place of Business:

2018 HARBOURSIDE DR.
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

2018 HARBOURSIDE DR.
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-2442043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, CHERI
2018 HARBOURSIDE DR
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

JOHNSON, CHERI
2018 HARBOURSIDE DR
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: CHERI JOHNSON

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KASDAN, PETER
Address: 2020 HARBOURSIDE DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T () Delete
Name: HAAS, FRED
Address: 2016 HARBOURSIDE DR 311
City-St-Zip: LONGBOAT KEY, FL 34228

Title: AT () Delete
Name: PHILLIPS, BERNARD
Address: 2002 HARBOURSIDE DR 1602
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP () Delete
Name: DORSEY, GENE
Address: 2010 HARBOURSIDE DR 2003
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S () Delete
Name: MAILLIARD, MIKE
Address: 2016 HARBOURSIDE DRIVE 131
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KASDAN, PETER
Address: 2018 HARBOURSIDE DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T (X) Change () Addition
Name: HAAS, FRED
Address: 2018 HARBOURSIDE DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: AT (X) Change () Addition
Name: PHILLIPS, BERNARD
Address: 2018 HARBOURSIDE DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP (X) Change () Addition
Name: DORSEY, GENE
Address: 2018 HARBOURSIDE DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S (X) Change () Addition
Name: MAILLIARD, MIKE
Address: 2018 HARBOURSIDE DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER KASDAN

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date