

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N27907

1. Entity Name
FAIRWAY BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**6228 4TH AVE NORTH
ST. PETERSBURG, FL 33710 US**

Mailing Address
**6228 4TH AVE NORTH
ST. PETERSBURG, FL 33710 US**



03172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2915860

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REALTY MGMT. ENT. INC.
6228 4TH AVE NORTH
ST PETERSBURG, FL 33710**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GASTMAN, TED
6211 FAIRWAY BAY
GULF PORT, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
GOFORTH, DEL
6222 FAIRWAY BAY
SAINT PETERSBURG, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
MURPHY, PAM
6207 FAIRWAY BAY
SAINT PETERSBURG, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 18 05 127 347 9294
Date Daytime Phone #