

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000090 (0)**

1. Corporation Name
FAIRWAY OAKS, THE GREENS, AND THE RESERVE AT PELICAN POINTE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
575 CENTER RD. VENICE FL 34292 **575 CENTER ROAD VENICE FL 34292 US**



2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **P.O. Box 1555**
22 City & State 27
23 Zip Country 28 **Venice FL**
24 Zip Country 25 29 **34284** 30 **Sarasota**

3. Date Incorporated or Qualified **01/06/1994** 3a. Date of Last Report **02/15/1995**
4. FEI Number **65-0526897** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SAM RODGERS PROPERTIES, INC.
6001 SANDPIPER'S DR.
LAKELAND FL 33809**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **575 Center Road**
83
84 City **Venice** FL 85 Zip Code **34292**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) **1-19-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/>
NAME	RODGERS, SAM R	
STREET ADDRESS	6001 SANDPIPER DR.	
CITY-ST-ZIP	LAKELAND FL 33804	
TITLE	DV	<input type="checkbox"/>
NAME	RODGERS, RICHARD D	
STREET ADDRESS	6001 SANDPIPER DR.	
CITY-ST-ZIP	LAKELAND FL 33804	
TITLE	DST	<input checked="" type="checkbox"/>
NAME	MORTELLITE, JOHN G	
STREET ADDRESS	575 CENTER RD.	
CITY-ST-ZIP	VENICE FL 34284	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	448 Bayshore Dr		
1.4 CITY-ST-ZIP	Venice FL 34285		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	DST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	DIXON, KATHLEEN S		
4.3 STREET ADDRESS	525 CLUBSIDE CIR		
4.4 CITY-ST-ZIP	VENICE FL 34293		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1/19/96** **941-493-6626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)