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FILED
Aug 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000090
 1. Corporation Name
FAIRWAY OAKS, THE GREENS, AND THE RESERVES AT PELICAN POINTE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 575 CENTER ROAD VENICE, FL 34292	Mailing Address 899 WOODBRIDGE DRIVE VENICE, FL 34293 US
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3. Date incorporated or Qualified
07/01/98

4. FEI Number
65-0526897

Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SAM RODGERS PROPERTIES, INC.
575 CENTER ROAD
VENICE, FL 34292

10. Name and Address of New Registered Agent

81 Name **AMI ADVANCED MANAGEMENT, INC.**

82 Street Address (P.O. Box Number is Not Acceptable)
899 WOODBRIDGE DRIVE

83

84 City **VENICE** -08/17/98--01137 **FD07** Zip Code **34293**

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.

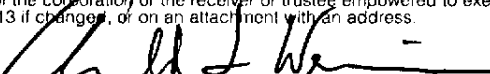
SIGNATURE  **DOUGLAS E. WILSON** DATE **7/27/98**

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent; signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODGERS, SAM R. 448 BAYSHORE DR. VENICE, FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RODGERS, RICHARD D. 6001 SANDPIPER DR. LAKELAND, FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DIXON, KATHLEEN S. 525 CLUBSIDE CIR. VENICE, FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKEY, ROBERT 424 PELICAN MORRINGS VENICE, FLORIDA	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DP HART, ROBERT 1253 HIGHLAND GREENS DRIVE VENICE, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DV STURTZ, RUTH 422 PINWOOD LAKE DRIVE VENICE, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DS TAUSAN, CRISS 427 PEBBLE CREEK COURT VENICE, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DT WEINER, ARNOLD 1180 CORAL LAKE DRIVE VENICE, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D QUINN, LEIGHTON 1313 RESERVE DRIVE VENICE, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D SMITH, GERALD 1100 HIGHLAND GREENS DRIVE VENICE, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. 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 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:  **8/6/98** **941-493-0287**

CR2E037 (10/97)