

FILE NOW: FILING FEE IS \$61.25

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90021 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N94000000090 OK

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

Principal Place of Business	Mailing Address
XXXXXXXXXXXX XXXXXXXXXXXX 899 Woodbridge Drive Venice, FL 34293	XXXXXXXXXXXX XXXXXXXXXXXX

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 899 Woodbridge Drive	26 899 Woodbridge Drive	01/06/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
		65-0526897
22	27	Applied For
		Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired
Venice, FL	Venice, FL	<input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Zip	30 Country
34293	34293	USA
25 USA	30 USA	6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AM ADVANCED MANAGEMENT INC 899 Woodbridge Drive Venice, FL 34293		81 Name	Advanced Mangement, Inc
		82 Street Address (P.O. Box Number is Not Acceptable)	899 Woodbridge Drive
		83	
		84 City	Venice, F
		85 Zip Code	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, ROBERT	1.2 NAME	HOLDMAN, Stanley
STREET ADDRESS	1253 Highland Greens Dr	1.3 STREET ADDRESS	426 Pebble Creek Ct.
CITY-ST-ZIP	Venice, FL	1.4 CITY-ST-ZIP	Venice, FL
TITLE	DV	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STURTZ, RUTH	2.2 NAME	COX, Garry
STREET ADDRESS	422 Pinewood Lake Dr	2.3 STREET ADDRESS	431 PELICAN MOORINGS
CITY-ST-ZIP	Venice, FL	2.4 CITY-ST-ZIP	Venice, FL
TITLE	DS	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAUSAN, CRISS	3.2 NAME	Wilson, Robert
STREET ADDRESS	427 Pebble Creek Ct	3.3 STREET ADDRESS	1321 Highland Greens Dr.
CITY-ST-ZIP	Venice, FL	3.4 CITY-ST-ZIP	Venice, FL
TITLE	DT	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINER, ARNOLD	4.2 NAME	HARKEY, Robert
STREET ADDRESS	1180 Coral Lake Dr	4.3 STREET ADDRESS	424 Pelican Moorings
CITY-ST-ZIP	Venice, FL	4.4 CITY-ST-ZIP	Venice, FL
TITLE	DT	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINN, LEIGHTON	5.2 NAME	Waits, Herbert
STREET ADDRESS	1313 Reserve Dr	5.3 STREET ADDRESS	1247 Highland Greens Dr.
CITY-ST-ZIP	Venice, FL	5.4 CITY-ST-ZIP	Venice, FL
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GERALD	6.2 NAME	
STREET ADDRESS	1100 Highland Greens Dr	6.3 STREET ADDRESS	
CITY-ST-ZIP	Venice, FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Robert Harkey Robert Harkey 4/29/99 941-493-0287
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)