

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000090

1. Entity Name

FAIRWAY OAKS, THE GREENS, AND THE RESERVE AT PEL

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90024 045 ****61.25

Principal Place of Business 899 WOODBRIDGE DRIVE VENICE FL 34292	Mailing Address 899 WOODBRIDGE DRIVE VENICE FL 34293-4313 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0526897	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent AMI ADVANCED MANAGEMENT, INC. 899 WOODBRIDGE DRIVE VENICE FL 34293		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HART, ROBERT	
STREET ADDRESS	426 PEBBLE CREEK CT.	
CITY-ST-ZIP	VENICE FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	STURTZ, RUTH	
STREET ADDRESS	431 PELICAN HOORINGS	
CITY-ST-ZIP	VENICE FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	TAUSAN, CRISS	
STREET ADDRESS	1321 HIGHLAND GREENS DR.	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARKEY, ROBERT	
STREET ADDRESS	424 PELICAN MORRINGS	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GERALD	
STREET ADDRESS	1100 HIGHLAND GREENS DRIVE	
CITY-ST-ZIP	VENICE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	QUINN, LEIGHTON	
STREET ADDRESS	1313 RESERVE DRIVE	
CITY-ST-ZIP	VENICE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLDMAN, STANLEY	
STREET ADDRESS	426 PEBBLE CREEK CT.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, GARRY	
STREET ADDRESS	431 PELICAN MORRINGS	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, ROBERT	
STREET ADDRESS	1321 HIGHLAND GREENS DR.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERB WAITS	
STREET ADDRESS	1247 HIGHLAND GREENS	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT WILSON	
STREET ADDRESS	1321 HIGHLAND GREENS	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED P. L. QUINN 3-12-00 496-4757
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)