


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90750 014 ****61.25

DOCUMENT # N94000000090					
1. Entity Name FAIRWAY OAKS, THE GREENS, AND THE RESERVE AT PELICAN POINTE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 899 WOODBRIDGE DRIVE VENICE, FL 34292			Mailing Address 899 WOODBRIDGE DRIVE VENICE, FL 34292 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0526897	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCLAIN, WILLIAM AMI 899 WOODBRIDGE DRIVE VENICE, FL 34293			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 <u><i>William McLain</i></u> DATE <u><i>4/28/04</i></u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, RAY		NAME	Ray Carter	
STREET ADDRESS	431 PELICAN MOORINGS		STREET ADDRESS	899 WOODBRIDGE DR.	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	VENICE FL 34293	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAST, WAYNE		NAME	Wayne East	
STREET ADDRESS	1206 SILVER LAKE CT		STREET ADDRESS	899 WOODBRIDGE DR.	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE FL 34293	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARKEY, ROBERT		NAME	Cullen Murphy	
STREET ADDRESS	424 PELICAN MOORINGS		STREET ADDRESS	899 WOODBRIDGE DR.	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE FL 34293	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLEN, JAY		NAME	Jay Mullen	
STREET ADDRESS	1310 HIGHLAND GREENS DRIVE		STREET ADDRESS	899 WOODBRIDGE DR.	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDUKE, JOHN		NAME		
STREET ADDRESS	1316 HIGHLAND GREENS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINN, LEIGHTON		NAME	John Heim	
STREET ADDRESS	1313 RESERVE DRIVE		STREET ADDRESS	899 WOODBRIDGE DR.	
CITY-ST-ZIP	VENICE, FL		CITY-ST-ZIP	VENICE FL 34293	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u><i>Jay Mullen</i></u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u><i>4.28.04</i></u> Daytime Phone # <u><i>941.493.0287</i></u>	
		Jay Mullen President			