


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90200 002 ****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
PROGRESSIVE COMMUNITY MGMT
 Suite, Apt. #, etc.

3. Mailing Address
PROGRESSIVE COMMUNITY MGMT
 Suite, Apt. #, etc.

1801 GLENGARY STREET
 City & State
SARASOTA FL

1801 GLENGARY STREET
 City & State
SARASOTA FL

Zip Country
34231 USA

Zip Country
34231 USA

03022006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0526897

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MCLAIN, WILLIAM AMI
 899 WOODBRIDGE DRIVE
 VENICE, FL 34293**

7. Name and Address of New Registered Agent
 Name
PROGRESSIVE COMMUNITY MANAGEMENT, Inc
 Street Address (P.O. Box Number is Not Acceptable)
1801 GLENGARY STREET
 City
SARASOTA FL Zip Code
34231

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  **Jim MARKEL** **4/24/06**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOUCK, FRED 899 WOODBRIDGE DR VENICE, FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EAST, WAYNE 899 WOODBRIDGE DR. VENICE, FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURPHY, CULLEN 899 WOODBRIDGE DR. VENICE, FL 34293	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLEN, JAY 899 WOODBRIDGE DR. VENICE, FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDUKE, JOHN 1316 HIGHLAND GREENS DRIVE VENICE, FL 34292	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNYAK, FRANK 899 WOODBRIDGE DR. VENICE, FL 34293	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEIM, JOHN 409 PEBBLE CREEK COURT VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Jim MARKEL** **4/24/06** **941-921-5393**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #