## 2007 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

## DOCUMENT # N94000000090

SIGNATURE: \_

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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



FILEI	)
May 09, 200'	7 <b>8:00</b> am
Secretary o	f State

05-09-2007 90115 018 \*\*\*\*61.25

INC.												
PROGRESSIVE COMMUNITY MGMT PROF 1801 GLENGARY ST 180			uiling Address ROGRESSIVE COMMUNITY MGMT 301 GLENGARY ST ARASOTA, FL 34231 US			40102020						
2. Principal Place of Business - No P.O. Box # 3. Ma				Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01122007 Chg-NP CR2E037 (12/06)					
City & Stat	Ð	Ci	City & State			7	4. FEI Number Applied For 65-0526897 Not Applied be					
Zip		0	Country			5. Certificate of Status Desired						
	6. Name	and Address of Curre	ent Register	d Agent				7. Name and A	Address of New F	Registered	Agent	
PROGRESSIVE COMMUNITY MANAGEMENT,INC. 1801 GLENGARY ST SARASOTA, FL 34231				Name Street Address (P.O. Box Number is Not Acceptable)								
						City				FL	Zip Coo	le
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												
	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, 2007  9. Election Campaign Trust Fund Contrib						ng \$5.00 May Be Added to Fees Make check payable to Florida Department of State						
10.	· ·	OFFICERS AND	DIRECTORS	<u> </u>	11.			ADDITIONS/CHA	NGES TO OFFICE	ERS AND D	RECTORS IN	N 10
TITLE	TD			Delete	TITLE		PD				Change	Addition
NAME STREET ADDRESS	· ·			NAM STRE	et address	121	2 U K & _ =	AND CR	EGAIS	DR		
CITY-ST-ZIP		FL 34293				-ST-ZIP	VEN	SICE F	TOHN AND GR	85		
TITLE	PD	·		Delete	IIITE			,			☐ Change	☐ Addition
NAME	EAST, W			•	NAME							
STREET ADDRESS CITY-ST-ZIP	899 WOODBRIDGE DR. VENICE, FL 34293					et adoress -st-zip						
TITLE	SD		····	Delete	пп	E		· · · · · · · · · · · · · · · · · · ·	······································		☐ Change	☐ Addition
NAME	HEIM, JIN	1			NAM	IE.						
STREET ADDRESS		SLE CREEK CT				EET ADORESS						
CITY-ST-ZIP	· .	FL 34293			-	-ST-ZIP						
TITLE NAME	VPD MULLEN,	JAY		Delete	TITL! Nam						Change	Addition Addition
STREET ADDRESS		DBRIDGE DR.				ET ADDRESS						
CITY-ST-ZIP	Į.	FL 34293			- 1	-ST-ZIP						
TITLE	AS			Delete	TITL	E			<u> </u>	·	☐ Change	☐ Addition
NAME	MARKEL,				NAM							
STREET ADDRESS CITY-ST-ZIP		NGARY ST				ET ADDRESS '-ST-ZIP	)					
		TA, FL 34231		—							Change	
TITLE NAME	AT SUTTON.	WILLIAM		☐ Delete	ITTLI NAM						Change	☐ Addition
STREET ADORESS		NGARY ST				et address						
CITY-ST-ZIP	SARASO	ΓA, FL 34231			CITY	-ST-ZIP						
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 afdress; with all other like empowered.												