


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

**FILED**  
**Aug 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N94000000090  
 1. Corporation Name  
**FAIRWAY OAKS, THE GREENS, AND THE RESERVES AT PELICAN POINTE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>575 CENTER ROAD VENICE, FL 34292</b>	Mailing Address <b>899 WOODBRIDGE DRIVE VENICE, FL 34293 US</b>
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3. Date incorporated or Qualified  
**07/01/98**

4. FEI Number  
**65-0526897**

Applied For  
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**SAM RODGERS PROPERTIES, INC.**  
**575 CENTER ROAD**  
**VENICE, FL 34292**

**10. Name and Address of New Registered Agent**

81 Name **AMI ADVANCED MANAGEMENT, INC.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**899 WOODBRIDGE DRIVE**

83

84 City **VENICE** -08/17/98--01137 **FD07** Zip Code **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  **DOUGLAS E. WILSON** DATE **7/27/98**

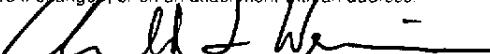
**12. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODGERS, SAM R. 448 BAYSHORE DR. VENICE, FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RODGERS, RICHARD D. 6001 SANDPIPER DR. LAKELAND, FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DIXON, KATHLEEN S. 525 CLUBSIDE CIR. VENICE, FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKEY, ROBERT 424 PELICAN MORRINGS VENICE, FLORIDA	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP HART, ROBERT 1253 HIGHLAND GREENS DRIVE VENICE, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DV STURTZ, RUTH 422 PINWOOD LAKE DRIVE VENICE, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DS TAUSAN, CRISS 427 PEBBLE CREEK COURT VENICE, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DT WEINER, ARNOLD 1180 CORAL LAKE DRIVE VENICE, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D QUINN, LEIGHTON 1313 RESERVE DRIVE VENICE, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D SMITH, GERALD 1100 HIGHLAND GREENS DRIVE VENICE, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE:  DATE **8/6/98** PHONE **941-493-0287**

CR2E037 (10/97)