

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91647 041 ****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

Mailing Address

899 WOODBRIDGE DRIVE
 VENICE FL 34292

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

Zip

Country

4. FEI Number

65-0526897

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMI ADVANCED MANAGEMENT, INC.
899 WOODBRIDGE DRIVE
VENICE FL 34293

Name

~~WILLIAM McFAIN~~ **AMI**

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.

SIGNATURE

William McFain

4/24/00

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DENSMORE, BERNARD	
STREET ADDRESS	1306 RESERVE DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	EAST, WAYNE	
STREET ADDRESS	1206 SILVER LAKE CT	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HARKEY, ROBERT	
STREET ADDRESS	424 PELICAN MOORINGS	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HOLDMAN, STANLEY	
STREET ADDRESS	426 PEBBLE CREEK	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, GERALD	
STREET ADDRESS	1100 HIGHLAND GREENS DRIVE	
CITY-ST-ZIP	VENICE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	QUINN, LEIGHTON	
STREET ADDRESS	1313 RESERVE DRIVE	
CITY-ST-ZIP	VENICE FL	

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBT BRIDGES	
STREET ADDRESS	424 PINEWOOD LAKE DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN JEPSEN	
STREET ADDRESS	899 WOODBRIDGE DR.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RON HARRISON	
STREET ADDRESS	899 WOODBRIDGE DR.	
CITY-ST-ZIP	VENICE, FL 3429	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY MULLEN	
STREET ADDRESS	1310 HIGHLAND GREEN	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

L. QUINN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02 941 496-4757

CR2E037 (9/01)