


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
 Suite, Apt. #, etc.
 1801 GLENGARY STREET

3. Mailing Address
 Suite, Apt. #, etc.
 1801 GLENGARY STREET

City & State
 SARASOTA FL

City & State
 SARASOTA FL

Zip
 34231

Country
 USA

Zip
 34231

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

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

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 #