

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90492 042 \*\*\*\*61.25

0058876

**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 899 WOODBRIDGE DRIVE**  
**VENICE FL 34292 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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLAIN, WILLIAM AMI**  
**899 WOODBRIDGE DRIVE**  
**VENICE FL 34293**

Name  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William McLain* DATE 4/7/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JEPSEN, JOHN</b>	
STREET ADDRESS	<b>899 WOODBRIDGE DR</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EAST, WAYNE</b>	
STREET ADDRESS	<b>1206 SILVER LAKE CT</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>HARKEY, ROBERT</b>	
STREET ADDRESS	<b>424 PELICAN MOORINGS</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOLDMAN, STANLEY</b>	
STREET ADDRESS	<b>426 PEBBLE CREEK</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARRISON, RON</b>	
STREET ADDRESS	<b>899 WOODBRIDGE DR</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>QUINN, LEIGHTON</b>	
STREET ADDRESS	<b>1313 RESERVE DRIVE</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAY CARTER</b>	
STREET ADDRESS	<b>431 PELICAN MOORINGS</b>	
CITY-ST-ZIP	<b>VENICE, FL 34292</b>	
TITLE	<b>D SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EAST, WAYNE</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MULLEN MURPHY</b>	
STREET ADDRESS	<b>1290 RESERVE DR.</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAY MULLEN</b>	
STREET ADDRESS	<b>1316 HIGHLAND GREENS DR</b>	
CITY-ST-ZIP	<b>VENICE, FL 34292</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN LE DUKE</b>	
STREET ADDRESS	<b>1316 HIGHLAND GREENS DR</b>	
CITY-ST-ZIP	<b>VENICE, FL 34292</b>	
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: *Leighton Quinn* **LEIGHTON QUINN, TREAS. 4-23-03 941-496-4757**

CR2E037 (10/02)