

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000090 (0)

1. Corporation Name

**FAIRWAY OAKS, THE GREENS, AND THE RESERVE AT PEL
ICAN POINTE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

575 CENTER RD.
VENICE FL 34292

575 CENTER ROAD
VENICE FL 34292
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1555
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Venice FL

24 Zip

Country

29 34284

30 Sarasota

9. Name and Address of Current Registered Agent

**SAM RODGERS PROPERTIES, INC.
6001 SANDPIPER'S DR.
LAKELAND FL 33809**

3. Date Incorporated or Qualified
01/06/1994

3a. Date of Last Report
02/15/1995

4. FEI Number
65-0526897

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

575 Center Road

83 City

Venice

FL

85 Zip Code
34292

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

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

(NOTE: Registered Agent signature required when reinstating)

1-19-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP
RODGERS, SAM R**
STREET ADDRESS **6001 SANDPIPER DR.**
CITY-ST-ZIP **LAKELAND FL 33804**

TITLE ☐ DELETE

NAME **DV
RODGERS, RICHARD D**
STREET ADDRESS **6001 SANDPIPER DR.**
CITY-ST-ZIP **LAKELAND FL 33804**

TITLE ☒ DELETE

NAME **DST
MORTELLITE, JOHN G**
STREET ADDRESS **575 CENTER RD.**
CITY-ST-ZIP **VENICE FL 34284**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**448 Bayshore Dr
Venice FL 34285**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**DST
DIXON, KATHLEEN S
525 CLUBSIDE CIR
VENICE FL 34293**

☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

Date

Daytime Phone #

CR2E037 (12/95)