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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N9400000090 OK

1. Corporation Name
 FAIRWAY OAKS, THE GREENS, AND THE RESERVE AT PELICAN POINTE PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
XXXXXXXXXXXX XXXXXXXXXXXX 899 Woodbridge Drive Venice, FL 34293	XXXXXXXXXXXX XXXXXXXXXXXX 899 Woodbridge Drive Venice, FL 34293

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 899 Woodbridge Drive	26 899 Woodbridge Drive	01/06/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	27	4. FEI Number
		65-0526897
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Venice, FL	Venice, FL	
24 Zip	29 Zip	6. Election Campaign Financing
34293	34293	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country	30 Country	
USA	USA	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMI ADVANCED MANAGEMENT INC 899 Woodbridge Drive Venice, FL 34293	81 Name Advanced Mangement, Inc 82 Street Address (P.O. Box Number is Not Acceptable) 899 Woodbridge Drive 83 84 City Venice, F FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	HART, ROBERT	1.2 NAME	HOLDMAN, Stanley
STREET ADDRESS	1253 Highland Greens Dr	1.3 STREET ADDRESS	426 Pebble Creek Ct.
CITY-ST-ZIP	Venice, FL	1.4 CITY-ST-ZIP	Venice, FL
TITLE	DV	2.1 TITLE	DV
NAME	STURTZ, RUTH	2.2 NAME	COX, Garry
STREET ADDRESS	422 Pinewood Lake Dr	2.3 STREET ADDRESS	431 PELICAN MOORINGS
CITY-ST-ZIP	Venice, FL	2.4 CITY-ST-ZIP	Venice, FL
TITLE	DS	3.1 TITLE	DS
NAME	TAUSAN, CRISS	3.2 NAME	Wilson, Robert
STREET ADDRESS	427 Pebble Creek Ct	3.3 STREET ADDRESS	1321 Highland Greens Dr.
CITY-ST-ZIP	Venice, FL	3.4 CITY-ST-ZIP	Venice, FL
TITLE	DT	4.1 TITLE	D
NAME	WEINER, ARNOLD	4.2 NAME	Harker, Robert
STREET ADDRESS	1180 Coral Lake Dr	4.3 STREET ADDRESS	424 Pelican Moorings
CITY-ST-ZIP	Venice, FL	4.4 CITY-ST-ZIP	Venice, FL
TITLE	DT	5.1 TITLE	D
NAME	QUINN, LEIGHTON	5.2 NAME	Watts, Herbert
STREET ADDRESS	1313 Reserve Dr	5.3 STREET ADDRESS	1247 Highland Greens Dr.
CITY-ST-ZIP	Venice, FL	5.4 CITY-ST-ZIP	Venice, FL
TITLE	D	6.1 TITLE	
NAME	SMITH, GERALD	6.2 NAME	
STREET ADDRESS	1100 Highland Greens Dr	6.3 STREET ADDRESS	
CITY-ST-ZIP	Venice, FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Robert Harker Robert Harker 4/29/99 941-4930287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)