

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90750 014 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0526897	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 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 <u><i>William Ami</i></u> 4/28/04 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing: <input type="checkbox"/>		\$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 D NAME CARTER, RAY STREET ADDRESS 431 PELICAN MOORINGS CITY-ST-ZIP VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE TP NAME Ray Carter STREET ADDRESS 899 WOODBRIDGE DR. CITY-ST-ZIP VENICE FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME EAST, WAYNE STREET ADDRESS 1206 SILVER LAKE CT CITY-ST-ZIP VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE VPD NAME Wayne East STREET ADDRESS 899 WOODBRIDGE DR. CITY-ST-ZIP VENICE FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME HARKEY, ROBERT STREET ADDRESS 424 PELICAN MOORINGS CITY-ST-ZIP VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Cullen Murphy STREET ADDRESS 899 WOODBRIDGE DR. CITY-ST-ZIP VENICE FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DV NAME MULLEN, JAY STREET ADDRESS 1310 HIGHLAND GREENS DRIVE CITY-ST-ZIP VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE PD NAME Jay mullen STREET ADDRESS 899 woodbridge dr. CITY-ST-ZIP Venice FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LEDUKE, JOHN STREET ADDRESS 1316 HIGHLAND GREENS DRIVE CITY-ST-ZIP VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE D NAME John Heim STREET ADDRESS 899 woodbridge dr. CITY-ST-ZIP Venice FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME QUINN, LEIGHTON STREET ADDRESS 1313 RESERVE DRIVE CITY-ST-ZIP VENICE, FL	<input checked="" type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u><i>Jaymullen</i></u> 4.28.04 941.493.0287 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					