

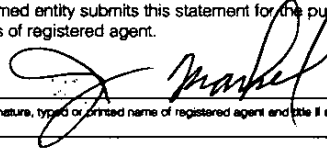
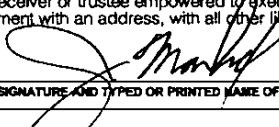


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 PROGRESSIVE COMMUNITY MGMT Suite, Apt. #, etc. 1801 GLENGARY STREET City & State SARASOTA FL Zip 34231		3. Mailing Address PROGRESSIVE COMMUNITY MGMT Suite, Apt. #, etc. 1801 GLENGARY STREET City & State SARASOTA FL Zip 34231			
03022006 Chg-NP CR2E037 (11/05)				4. FEI Number 65-0526897	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	TD HOUCK, FRED 899 WOODBRIDGE DR VENICE, FL 34293	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EAST, WAYNE 899 WOODBRIDGE DR. VENICE, FL 34293	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURPHY, CULLEN 899 WOODBRIDGE DR. VENICE, FL 34293	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLEN, JAY 899 WOODBRIDGE DR. VENICE, FL 34293	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDUKE, JOHN 1316 HIGHLAND GREENS DRIVE VENICE, FL 34292	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNYAK, FRANK 899 WOODBRIDGE DR. VENICE, FL 34293	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEIM, JOHN 409 PEBBLE CREEK COURT VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					