

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N24990** (6)

1. Corporation Name

KELLY GREENS COMMUNITY ASSOCIATION I, INC.



Principal Place of Business

Mailing Address

% MARQUIS MANAGEMENT
12563 NEW BRITTANY BLVD.
FT MYERS FL 33907

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12563 NEW BRITTANY BLVD.
FT MYERS FL 33907

3. Date Incorporated or Qualified
02/23/1988

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 **12661 NEW BRITTANY BLVD**

26 **12661 NEW BRITTANY BLVD**

4. FEI Number

65-0106198

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STILPHEN, PETER
MARQUIS MANAGEMENT
12563 NEW BRITTANY BLVD.
FT MYERS FL 33907

81 Name

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

12661 NEW BRITTANY BLVD

83

84 City

FL

85 Zip Code

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

Peter A Stilphen
Signature, typed or printed name of registered agent and title if applicable

PETER A STILPHEN

(NOTE: Registered Agent signature required when reinstating)

3/22/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **STARCH, MEL**
STREET ADDRESS **12541 KELLY SANDS WAY #206**
CITY-ST-ZIP **FT MYERS FL**

1.1 TITLE **VPD** ☒ Change ☐ Addition
1.2 NAME **BATTON, DONALD**
1.3 STREET ADDRESS **12601 KELLY SANDS WAY #408**
1.4 CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE **SD** ☒ DELETE
NAME **GOLDMAN, ANKER**
STREET ADDRESS **12581 KELLY SANDS WAY #507**
CITY-ST-ZIP **FT. MYERS FL**

2.1 TITLE **PD** ☐ Change ☒ Addition
2.2 NAME **ANTOLINI, FRED**
2.3 STREET ADDRESS **12581 KELLY SANDS WAY #516**
2.4 CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE **PD** ☒ DELETE
NAME **PETERS, ROBERT**
STREET ADDRESS **12621 KELLY SANDS WAY**
CITY-ST-ZIP **FT. MYERS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **HAZNER, RAY**
STREET ADDRESS **12661 KELLY SANDS WAY #127**
CITY-ST-ZIP **FT. MYERS FL**

4.1 TITLE **STD** ☒ Change ☐ Addition
4.2 NAME **HAZNER, RAY**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **HOLOWICKI, FRANK**
STREET ADDRESS **12601 KELLY SANDS WAY**
CITY-ST-ZIP **FT. MYERS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **A** ☒ DELETE
NAME **STILPHEN, PETER**
STREET ADDRESS **12563 NEW BRITTANY BLVD**
CITY-ST-ZIP **FT MYERS FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

4/9/96

Date

9393461

Daytime Phone #

CR2E037 (12/95)