

**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 # N25675 (2)

1. Corporation Name

**KELLY GREENS TERRACE CONDOMINIUM II ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified: 03/30/1988  
3a. Date of Last Report: 03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 12661 NEW BRITTANY BLVD  
Suite, Apt. #, etc.

26 12661 NEW BRITTANY BLVD  
Suite, Apt. #, etc.

4. FEI Number: 65-0083497  
Applied For: Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

24

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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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

12661 NEW BRITTANY BLVD

B3

B4 City

FL

B5

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*

PETER A. STILPHEN

3/10/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STORCH, MEL	
STREET ADDRESS	2488 FOXBRIDGE CT	
CITY-ST-ZIP	LK ST. LOUIS MO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MC KAY, RAYMOND	
STREET ADDRESS	12641 KELLY SANDS WY 223	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ZENZEN, JOHN	
STREET ADDRESS	10521 S CEDAR LAKE ROAD	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WRIGHT, DONALD	
STREET ADDRESS	12641 KELLY SANDS WY 225	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OSTLING, LAURENCE	
STREET ADDRESS	1212 GREEN ACRES LANE	
CITY-ST-ZIP	MT. PROSPECT IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

*Raymond F. McKay*

RAYMOND MC KAY

Mar. 29, 1996

Date

939-3461

Daytime Phone #

CR2E037 (12/95)