


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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.		



C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, Fl. 33907

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Fort Myers, Fl. 33907

2. Principal Place of Business		2a. Mailing Address		1. Date Incorporated or Qualified 03/30/1988	3a. Date of Last Report 04/10/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0083497	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STILPHEN, PETER 12661 NEW BRITTANY BLVD 12563 NEW BRITTANY BLVD. FT MYERS FL 33907				81	Name		
				82	S	Stilphen, Peter	
				83		Marquis Management, Inc.	
				84	C	12661 New Brittany Blvd. Fort Myers, Fl. 33907	
				85	Zip Code		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORCH, MEL	1.2 NAME	
STREET ADDRESS	2486 FOXBRIDGE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LK ST. LOUIS MO	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC KAY, RAYMOND	2.2 NAME	
STREET ADDRESS	12641 KELLY SANDS WY 223	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZENZEN, JOHN	3.2 NAME	
STREET ADDRESS	10521 S CEDAR LAKE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, DONALD	4.2 NAME	
STREET ADDRESS	12641 KELLY SANDS WY 225	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTLING, LAURENCE	5.2 NAME	
STREET ADDRESS	1212 GREEN ACRES LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MT. PROSPECT IL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Raymond J. Storch* APR. 2, 1997 941 33908 zip 454-6705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053371

CP2E037 (9/96)