

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 17 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 |
| C/O MARQUIS MANAGEMENT INC 12661 NEW BRITTANY BLVD FT MYERS FL 33907 US | C/O MARQUIS MANAGEMENT INC 12661 NEW BRITTANY BLVD FT MYERS FL 33907 US |

3. Date Incorporated or Qualified
03/30/1988

4. FEI Number
65-0083497

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

Certificate of Status Desired **\$8.75 Additional Fee Required**

Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Is this nonprofit corporation a homeowners association?
 Yes No

Principal Place of Business: **c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US**

Mailing Address: **c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US**

| | | | |
|---|----|--|----|
| 24 | 25 | 29 | 30 |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| STILPHEN, PETER MARQUIS MANAGEMENT INC 12661 NEW BRITTANY BLVD FT MYERS FL 33907 | | 81 Stilphen, Peter 82 Marquis Management, Inc. 83 9400 Gladiolus Drive #100 84 Fort Myers, FL 33908 US 85 Zip Code | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STORCH, MEL | 1.2 NAME | Himmel, Bill |
| STREET ADDRESS | 2486 FOXBRIDGE CT | 1.3 STREET ADDRESS | 12206 12641 Kelly Sands Way #214 |
| CITY-ST-ZIP | LK ST. LOUIS MO | 1.4 CITY-ST-ZIP | Ft. Myers, FL 33908 |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MC KAY, RAYMOND | 2.2 NAME | matz, Bill |
| STREET ADDRESS | 12641 KELLY SANDS WY 223 | 2.3 STREET ADDRESS | 12641 Kelly Sands Way #225 |
| CITY-ST-ZIP | FORT MYERS FL | 2.4 CITY-ST-ZIP | Ft. Myers, FL 33908 |
| TITLE | VPO <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 201 | 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 | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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 F. McKay RAYMOND F. MCKAY Date: Apr. 9 1998 Ph: 941-454-6705

CFR2037 (10/97)