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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90084 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N25675
 1. Corporation Name
KELLY GREENS TERRACE CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business: C/O MARQUIS MANAGEMENT INC, 9400 GLADIOLUS DR. #100, FT MYERS FL 33908, US
 Mailing Address: C/O MARQUIS MANAGEMENT INC, 9400 GLADIOLUS DR. #100, FT MYERS FL 33908, US

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21	2a	3.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Date Incorporated or Qualified 03/30/1988
22	27	4.
City & State	City & State	FEI Number 65-0083497
23	28	5.
Zip Country	Zip Country	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	6.
Zip Country	Zip Country	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STILPHEN, PETER MARQUIS MANAGEMENT INC 9400 GLADIOLUS DR. #100 FT MYERS FL 33908	81 Name: Michael Fleming c/o 82 Street: Marquis Management Inc. 83 City: 9400 Gladiolus Dr. #100 84 City: Fort Myers, Fl. 33908 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: *Michael Fleming* DATE: 3/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD NAME: HIMMEL, BILL STREET ADDRESS: 12641 KELLY SANDS WAY, #214 CITY-ST-ZIP: FT MYERS FL 33908	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: Sec. D SD 1.2 NAME: Linda Rogus 1.3 STREET ADDRESS: 12641 Kelly Sands Way #208 1.4 CITY-ST-ZIP: Ft. Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: MC KAY, RAYMOND STREET ADDRESS: 12641 KELLY SANDS WY 223 CITY-ST-ZIP: FORT MYERS FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: Pres D PD 2.2 NAME: Donald Keiper 2.3 STREET ADDRESS: 12641 Kelly Sands Way #217 2.4 CITY-ST-ZIP: Ft. Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: ZENZEN, JOHN STREET ADDRESS: 10521 S CEDAR LAKE RD, 201 CITY-ST-ZIP: MINNETONKA MN	<input type="checkbox"/> DELETE	3.1 TITLE: VPD 3.2 NAME: John Zenzen 3.3 STREET ADDRESS: 12641 Kelly Sands Way 201 3.4 CITY-ST-ZIP: Ft. Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: WRIGHT, DONALD STREET ADDRESS: 12641 KELLY SANDS WY 225 CITY-ST-ZIP: FT. MYERS FL	<input type="checkbox"/> DELETE	4.1 TITLE: TD 4.2 NAME: Donald Wright 4.3 STREET ADDRESS: 12641 Kelly Sands Way #205 4.4 CITY-ST-ZIP: Ft. Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MATZ, BILL STREET ADDRESS: 12641-KELLY SANDS WAY, #225 CITY-ST-ZIP: FT MYERS FL 33908	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Michael Fleming* REQUIRED 3-16-99 481-7296