

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25675

1. Entity Name

KELLY GREENS TERRACE CONDOMINIUM II ASSOCIATION,

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90088 048 \*\*\*\*61.25

Principal Place of Business	Mailing Address
C/O MARQUIS MANAGEMENT INC 9400 GLADIOLUS DR. #100 FT MYERS FL 33908 US	C/O MARQUIS MANAGEMENT INC 9400 GLADIOLUS DR. #100 FT MYERS FL 33908-6698 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
65-0083497	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLEMING, MICHAEL  
 MARQUIS MANAGEMENT INC  
 9400 GLADIOLUS DR, #100  
 FT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, LINDA	
STREET ADDRESS	12641 KELLY SANBO WAY #208	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KEGER, DONALD	
STREET ADDRESS	12641 KELLY SANBO WAY #217	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ZENZEN, JOHN	
STREET ADDRESS	12641 KELLY SANBO WAY #201	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, DONALD	
STREET ADDRESS	12641 KELLY SANDS WAY #205	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William MATZ	
STREET ADDRESS	12641 Kelly Sandow Way #225	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	V. Pres. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	At Shumate	
STREET ADDRESS	12641 Kelly Sandow Way #221	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	Sec. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Hiramel	
STREET ADDRESS	12641 Kelly Sandow Way #214	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	Treas. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Gannon	
STREET ADDRESS	12641 Kelly Sandow Way #207	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Ross	
STREET ADDRESS	12641 Kelly Sandow Way #224	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)