

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90009 021 ****61.25

DOCUMENT # N25675

1. Entity Name

KELLY GREENS TERRACE CONDOMINIUM II ASSOCIATION,

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
 US

A0072481



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0083497

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **ARLENE O'NEILL**

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

Arlene O'Neill

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MATZ, WILLIAM	
STREET ADDRESS	12647 KELLY SANDO WAY #225	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHUMATE, AL	
STREET ADDRESS	12647 KELLY SANDO WAY #221	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HIMMEL, DON	
STREET ADDRESS	12647 KELLY SANDO WAY #214	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GANNON, MARILYN	
STREET ADDRESS	12647 KELLY SANDO WAY #207	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATZ, WILLIAM	
STREET ADDRESS	12647 KELLY SANDS WAY #225	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, DONALD	
STREET ADDRESS	12647 KELLY SANDS WAY #224	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

William J. Fleming

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2301 941-454-5601

CR2E037 (10/00)