

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25677** (8)

1. Corporation Name

KELLY GREENS VERANDAS CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business

Mailing Address

12521 KELLY SANDS WAY
FORT MYERS FL 33906

% BENSONS INC.
12650 WHITEHALL DR.
FT. MYERS FL 33907

3. Date Incorporated or Qualified
03/30/1988

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **12661 NEW BRITANNY BLVD**

26 **12661 NEW BRITANNY BLVD**

4. FEI Number
65-0083498

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

23 **FT. MYERS FL**

28 **FT. MYERS, FL**

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

Zip **33907**

Country **U.S.A.**

Zip **33907**

Country **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENSON, MARK R
% BENSONS INC.
12650 WHITEHALL DR.
FORT MYERS FL 33907

81 Name **STEPHEN PETER A. % MARQUIS Mgmt**
82 Street Address (P.O. Box Number is Not Acceptable) **12661 NEW BRITANNY BLVD**
83
84 City **FT. MYERS** FL 85 Zip Code **33907**

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

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

PETER A. STIPHAN

(NOTE: Registered Agent signature required when re-stating)

3/22/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOZY, NORMAN	
STREET ADDRESS	12521 KELLY SANDS WAY #35	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, BARRETT	
STREET ADDRESS	12561 KELLY SANDS WAY #7	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STUMP, JEAN	
STREET ADDRESS	12541 KELLY SANDS WAY #17	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WAGNER, WILLIAM	
STREET ADDRESS	12521 KELLY SANDS WAY 336	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIZZIO, ERNEST	
STREET ADDRESS	12521 KELLY SANDS WAY #32	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William L. Wagner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Wagner 3/22/96 939-3461
Date Daytime Phone #

CR2E037 (12/95)