


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25677 (8)**  
1. Corporation Name  
**KELLY GREENS VERANDAS CONDOMINIUM I ASSOCIATION, INC.**

Principal Place of Business <b>12661 NEW BRITANNY BLVD FT MYERS FL 33907 US</b>	Mailing Address <b>12661 NEW BRITANNY BLVD 12650 WHITEHALL DR. FT MYERS FL 33907 US</b>
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3. Date Incorporated or Qualified  
**03/30/1988**

4. FEI Number  
**65-0083498**

Applied For	
Not Applicable	

c/o Marquis Management, Inc.  
9400 Gladiolus Drive #100  
Fort Myers, Fl. 33908 US

c/o Marquis Management, Inc.  
9400 Gladiolus Drive #100  
Fort Myers, Fl. 33908 US

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

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

<b>STILPHEN, PETER A MARQUIS MANAGEMENT INC. 12661 NEW BRITANNY BLVD. FT MYERS FL 33907</b>	81	<b>Stilphen, Peter</b>	
	82	<b>Marquis Management, Inc.</b>	
	83	<b>9400 Gladiolus Drive #100</b>	
	84	<b>Fort Myers, FL 33908 US</b>	
	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 *Peter A Stilphen* **PETER A STILPHEN** **3/30/98**

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. FINANCIAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>NORMAN KOZY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOZY, NORMAN</b>	1.2 NAME	<b>12521 KELLY SANDS WAY #35</b>
STREET ADDRESS	<b>12521 KELLY SANDS WAY #35</b>	1.3 STREET ADDRESS	<b>FORT MYERS FL 33908</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, BARRETT</b>	2.2 NAME	<b>ROBERT NELSON</b>
STREET ADDRESS	<b>12561 KELLY SANDS WAY #7</b>	2.3 STREET ADDRESS	<b>12541 KELLY SANDS WAY #18</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>	2.4 CITY - ST - ZIP	<b>FORT MYERS FL 33908</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, ROBERT</b>	3.2 NAME	<b>JEAN STUMP</b>
STREET ADDRESS	<b>12541 KELLY SANDS WY, #18</b>	3.3 STREET ADDRESS	<b>12541 KELLY SANDS WAY #17</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>	3.4 CITY - ST - ZIP	<b>FORT MYERS FL 33908</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAGNER, WILLIAM</b>	4.2 NAME	<b>WILLIAM WAGNER</b>
STREET ADDRESS	<b>12521 KELLY SANDS WAY 338</b>	4.3 STREET ADDRESS	<b>12521 KELLY SANDS WAY #36</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>	4.4 CITY - ST - ZIP	<b>FORT MYERS FL 33908</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRST, CARL</b>	5.2 NAME	<b>CARL KIRST</b>
STREET ADDRESS	<b>12521 KELLY SANDS WY, #38</b>	5.3 STREET ADDRESS	<b>12521 KELLY SANDS WAY #38</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>	5.4 CITY - ST - ZIP	<b>FORT MYERS FL 33908</b>
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: *N.R. Kozy* **N.R. KOZY PRESIDENT 3/30/98**

CFR2E037 (10/97)