NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N25677**

1. Corporation Name

KELLY GREENS VERANDAS CONDOMINIUM I 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

HS

## FILED Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90057 020 \*\*\*\*61.25



					L					
2. Principal Pl	ace of Business	2a. Ma	ailing Address				Date Incorporated or Qualifed			}
21		26					03/30/1988			
Suite, Apt.	#, etc.	Su	uite, Apt. #, etc.				FEI Number	$\vdash$	<del></del>	ied For
22		27					65-0083498			Applicable
City & State	•	L_ Ci	ity & State			-5,-	Certificate of Status Desired			ditional
23		28							e Req	
Zip	Country	Zi <sub>l</sub>		Country			Election Campaign Financing	•	.00 N	• 1
24	25	29	3	0			Trust Fund Contribution		lded to	Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
				81  N	ficha	el l	Fleming c/o			
STILPHEN	, Peter a			00 0			Management Inc.			
MARQUIS				C						
9400 GLA	DIOLUS DR #100			83 94	400 <b>(</b>	Gla	adiolus Dr. #100			
FT MYERS	5 FL 33908			84 c F	ort N	Aye	ers, Fl. 33908	85	Zip Co	de
	. ^ / \			•  •		-	•	汇据	•	Į
11. Pursuant	to the provisions of Sections (7.0502	and 617.	1508, Florida Statutes	, the above-named	corpor	tion	submits this statement for the purpose of	changir	ng its re	egistered
11. Pursuant to the provisions of Section's 17.0502 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 this 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent.										
	The same account to the sa	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AAAA		2/9	71	<i>9</i> 9			[
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if app	plicable. (NOTE: R	egistered Agent signature re	equired w	her re	einstating) DATE			
12.	OFFICERS AND			13.		Α	ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	S IN 12
TITLE	PD		☐ DELETE	1,1 TITLE				Ch	ange	☐ Addition
NAME	KOZY, NORMAN			1.2 NAME						
STREET ADDRESS	12521 KELLY SANDS WAY #35			1.3 STREET ADDRESS						l
CITY-ST-ZIP	FT. MYERS FL 33908			1.4 CITY-ST-ZIP						
TITLE	SD		☐ DELETE	2.1 TITLE				Ch	ange	☐ Addition
NAME	STUMP, JEAN			2.2 NAME						
STREET ADDRESS	12541 KELLY SANDS WAY #17			2.3 STREET ADDRESS						
CITY-ST-ZIP	FT. MYERS FL 33908			2. 4 CITY-ST-ZIP						
TITLE	VPD		DELETE	3.1 TITLE	$\overline{\Omega}$			Chi	ange	Addition
NAME	NELSON, ROBERT		/ \	3.2 NAME	EN	ne	St Rizzio			,
STREET ADDRESS	12541 KELLY SANDS WY, #18			3.3 STREET ADDRESS	106	ر.	I VOILU SANDS WANT	32		
	FT. MYERS FL 33908			3.4. CITY-ST-ZIP	16~	المحار	I Kelly SANDS Way the myers, FL 33908			
CITY-ST-ZIP	TD		☐ DELETE	4.1 TITLE	1 2	-	11.4	Ch	ange	Addition
NAME	WAGNER, WILLIAM			4. 2 NAME						
	12521 KELLY SANDS WAY #36			4.3 STREET ADDRESS						1
STREET ADDRESS	FT. MYERS FL 33908			4.4 CITY-ST-ZIP						:
CITY-ST-ZIP TITLE	D		☐ DELETE	5.1 TITLE	VP	$\overline{\Lambda}$		Ch	ange	Addition
	KIRST, CARL			5.2 NAME	7 1	י			-	_
NAME	12521 KELLY SANDS WY, #38			5.3 STREET ADDRESS						
STREET ADDRESS	FT. MYERS FL 33908			5.4 CITY-ST-ZIP						
CITY-ST-ZIP	FI. MILENO FL 30800		☐ DELETE	6.1 TITLE				Ch	ange	☐ Addition
TITLE				6.2 NAME						
NAME				6.3 STREET ADDRESS						
STREET ADDRESS				ľ						
CITY-ST-ZIP				6.4 CITY-ST-ZIP	l					

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:

NATURE AND TYPED OR PRINTED NAMED FEBRUARY STATES OF DEAL PRINTED OR DIRECTOR

2/9/49

Daytime Phone #

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