

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90020 036 ****61.25

DOCUMENT # N25677

1. Entity Name

KELLY GREENS VERANDAS CONDOMINIUM I 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 33908-6698
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0083498

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** Delete
 NAME **KOZY, NORMAN**
 STREET ADDRESS **12521 KELLY SANDS WAY #35**
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **TD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **STUMP, JEAN**
 STREET ADDRESS **12541 KELLY SANDS WAY #17**
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RIZZIO, ERNEST**
 STREET ADDRESS **12521 KELLY SANDS WAY #32**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **WAGNER, WILLIAM**
 STREET ADDRESS **12521 KELLY SANDS WAY #36**
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **V Pres.** Change Addition
 NAME **Robert Nelson**
 STREET ADDRESS **12541 Kelly Sands Way #18**
 CITY-ST-ZIP **Ft. Myers, FL 33908**

TITLE **VPD** Delete
 NAME **KIRST, CARL**
 STREET ADDRESS **12521 KELLY SANDS WY, #38**
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **Pres** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2006

Date

Daytime Phone #

CR2E037 (9/99)