

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25678 (6)
1. Corporation Name
KELLY GREENS VERANDAS CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business C/O MARQUIS MANAGEMENT INC. 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907	Mailing Address C/O MARQUIS MANAGEMENT INC. 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907-3631
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 03/30/1988	3a. Date of Last Report 04/10/1996
4. FEI Number 65-0083496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STILPHEN, PETER A
%MARQUIS MANAGEMENT INC.
12661 NEW BRITTANY BLVD.
FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD <input type="checkbox"/> DELETE
NAME	HEUER, DOROTHY
STREET ADDRESS	12110 KELLY GREENS BLVD. #74
CITY-ST-ZIP	FT. MYERS FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	HAMBRICK, THOMAS
STREET ADDRESS	12250 KELLY GREENS BLVD #57
CITY-ST-ZIP	FT MYERS FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	CONNOLY, JOE
STREET ADDRESS	12250 KELLY GREENS BLVD #46
CITY-ST-ZIP	FT MYERS FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	HANNEY, JACK
STREET ADDRESS	12210 KELLY GREENS BL 61
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PROS PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	THOMAS <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D RALPH HEFFNER
4.3 STREET ADDRESS	12210 KELLY GREENS BLVD #73
4.4 CITY-ST-ZIP	FT MYERS FL 33908
5.1 TITLE	SD DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ELIZABETH PHILIP
5.3 STREET ADDRESS	12210 KELLY GREENS BLVD #67
5.4 CITY-ST-ZIP	FT MYERS FL 33908
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 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: *[Signature]* **4-1-97** **941/454-6311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055433

CR2E037 (9/96)