


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 17 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 # N25678 (6)**  
1. Corporation Name  
**KELLY GREENS VERANDAS CONDOMINIUM II ASSOCIATION, INC.**

Principal Place of Business <b>C/O MARQUIS MANAGEMENT INC. 12661 NEW BRITANNY BLVD. FORT MYERS FL 33907</b>	Mailing Address <b>C/O MARQUIS MANAGEMENT INC. 12661 NEW BRITANNY BLVD. FORT MYERS FL 33907</b>
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3. Date Incorporated or Qualified  
**03/30/1988**

4. FEI Number  
**65-0083496**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>



**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
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<p>9. Name and Address of Current Registered Agent</p> <p><b>STILPHEN, PETER A %MARQUIS MANAGEMENT INC. 12661 NEW BRITANNY BLVD. FT MYERS FL 33907</b></p>	<p>10. Name and Address of New Registered Agent</p> <table border="1"> <tr> <td style="width: 5%; text-align: center;">81</td> <td>Stilphen, Peter</td> </tr> <tr> <td style="text-align: center;">82</td> <td>Marquis Management, Inc.</td> </tr> <tr> <td style="text-align: center;">83</td> <td>9400 Gladiolus Drive #100</td> </tr> <tr> <td style="text-align: center;">84</td> <td>Fort Myers, FL 33908 US</td> </tr> <tr> <td style="text-align: center;">85</td> <td>Zip Code</td> </tr> </table>	81	Stilphen, Peter	82	Marquis Management, Inc.	83	9400 Gladiolus Drive #100	84	Fort Myers, FL 33908 US	85	Zip Code
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84	Fort Myers, FL 33908 US										
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEUER, DOROTHY	1.2 NAME	
STREET ADDRESS	12110 KELLY GREENS BLVD. #74	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMBRICK, THOMAS	2.2 NAME	
STREET ADDRESS	12250 KELLY GREENS BLVD #57	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLY, JOE	3.2 NAME	
STREET ADDRESS	12250 KELLY GREENS BLVD #46	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEFFNER, RALPH	4.2 NAME	Meger, Gene
STREET ADDRESS	12210 KELLY GREENS BLVD, 73	4.3 STREET ADDRESS	12210 Kelly Greens Blvd #60
CITY-ST-ZIP	FT. MYERS FL 33908	4.4 CITY-ST-ZIP	St. Myers, FL 33908
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP, ELIZABETH	5.2 NAME	MerkL, Margaret
STREET ADDRESS	12210 KELLY GREENS BLVD, 67	5.3 STREET ADDRESS	12210 Kelly Greens Blvd #64
CITY-ST-ZIP	FT MYERS FL 33908	5.4 CITY-ST-ZIP	St. Myers FL 33908
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: *Thomas V. Hambrick, Treasurer* 4-6-98 941/454-6311

CR2E037 (10/97)