

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90050 043 \*\*\*\*61.25

**DOCUMENT # N25678**

1. Entity Name

**KELLY GREENS VERANDAS CONDOMINIUM II ASSOCIATION**

Principal Place of Business

Mailing Address

C/O MARQUIS MANAGEMENT INC.  
 9400 GLADIOLUS DR. #100  
 FORT MYERS FL 33908  
 US

C/O MARQUIS MANAGEMENT INC.  
 9400 GLADIOLUS DR. #100  
 FORT MYERS FL 33908  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0083496**

Applied For

Not Applicable

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 **ARLENE O'NEILL**  
 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 *Arlene O'Neill*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/22/01**

**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	<input checked="" type="checkbox"/> Delete
NAME	HEUER, DOROTHY	
STREET ADDRESS	12110 KELLY GREENS BLVD. #74	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HAMBRICK, THOMAS	
STREET ADDRESS	12250 KELLY GREENS BLVD #57	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HANNEY, JOHN	
STREET ADDRESS	12250 KELLY GREENS BLVD #46	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEGER, GENE	
STREET ADDRESS	12210 KELLY GREENS BLVD, #60	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERKL, MARGARET	
STREET ADDRESS	12210 KELLY GREENS BLVD #64	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEA, FRANCIS	
STREET ADDRESS	12550 KELLY GREENS BLVD #51	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEUER, KEROY	
STREET ADDRESS	12210 KELLY GREENS BLVD #74	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12250 KELLY GREENS BLVD #61	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Arlene O'Neill*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/01** **941-466-1205**  
 Date Daytime Phone #

CR2E037 (10/00)