

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N 25816*

1. Corporation Name

KELLY GREENS Community Association, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified <i>04/07/1988</i>	3a. Date of Last Report <i>05/1/1995</i>
4. FEI Number <i>65-0165791</i>	Applied For <input type="checkbox"/>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <i>96 MARQUIS mgmt.</i>	26. <i>96 MARQUIS mgmt.</i>
Suite, Apt. #, etc. 22. <i>12661 NEW BRITANNY Blvd.</i>	Suite, Apt. #, etc. 27. <i>12661 NEW BRITANNY BVD</i>
City & State 23. <i>FORT MYERS, FL</i>	City & State 28. <i>FORT MYERS, FL</i>
Zip 24. <i>33907</i>	Country 25. <i>U.S.A.</i>
Zip 29. <i>33907</i>	Country 30. <i>U.S.A.</i>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name	<i>STILPHEN, PETER A. 96 MARQUIS mgmt.</i>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<i>12661 NEW BRITANNY BVD</i>		
				83			
				84 City	<i>FORT MYERS,</i>	FL	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: *Peter A Stilphen* *PETER A STILPHEN* DATE: *4/17/96*

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<i>DP PFEIFFER, BRUCE</i>
STREET ADDRESS		1.3 STREET ADDRESS	<i>12050 KELLY GREENS BVD #123</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>FORT MYERS, FL 33908</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<i>DV MYATT, JACK</i>
STREET ADDRESS		2.3 STREET ADDRESS	<i>12050 KELLY GREENS BVD #129</i>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<i>FORT MYERS, FL 33908</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<i>DST TOPP, RICHARD</i>
STREET ADDRESS		3.3 STREET ADDRESS	<i>12250 KELLY GREENS BVD #58</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>FORT MYERS, FL 33908</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<i>800001792658</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>-04/24/96--01050--037</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>***61.25</i>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *B Pfeiffer* *B PFEIFFER* DATE: *April 18/96* *466-5889 (941)*
Signature and typed or printed name of signing officer or director Date Telephone #
860-2027 (902)

CR2E037 (12/95)