

FILE NOW: FILING FEE IS \$61.25

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Apr 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N25816 (2)

1. Corporation Name  
KELLY GREENS COMMUNITY ASSOCIATION II, INC.



Principal Place of Business Mailing Address  
C/O MARQUIS MGMT. 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907  
C/O MARQUIS MGMT. 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907-3631

3. Date Incorporated or Qualified 04/07/1988 3a. Date of Last Report 04/24/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number 65-0105791 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
STILPHEN, PETER A  
C/O MARQUIS MGMT.  
12661 NEW BRITTANY BLVD.  
FORT 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MYATT, JACK	
STREET ADDRESS	12090 KELLY GREENS BLVD., #129	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	TOPP, RICHARD	
STREET ADDRESS	12250 KELLY GREENS BLVD #58	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PFEIFFER, BRUCE	
STREET ADDRESS	12050 KELLY GREENS BLVD #123	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HEFFNER, RALPH	
2.3 STREET ADDRESS	12210 KELLY GREENS BLVD	
2.4 CITY-ST-ZIP	FORT MYERS, FL 33908	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHNSON, PAUL	
3.3 STREET ADDRESS	2208 PINE GROVE CT,	
3.4 CITY-ST-ZIP	ANN ARBOR, MI 48103	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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.

CR2E037 (9/96)