

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25816 (2)
 1. Corporation Name
KELLY GREENS COMMUNITY ASSOCIATION II, INC.

Principal Place of Business C/O MARQUIS MGMT. 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907	Mailing Address C/O MARQUIS MGMT. 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907
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1. Class of Business c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US	2a. Mailing Address c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US
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3. Date Incorporated or Qualified 04/07/1988	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 65-0105791	Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

24	25	29	30
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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
Stilphen, Peter
 82 **Marquis Management, Inc.**
 83 **9400 Gladiolus Drive #100**
 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	DP MYATT, JACK 12090 KELLY GREENS BLVD., #129 FORT MYERS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP MYATT, JACK	1.2 NAME	
STREET ADDRESS	12090 KELLY GREENS BLVD., #129	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	DST HEFFNER, RALPH 12210 KELLY GREENS BLVD #78 FORT MYERS FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DST HEFFNER, RALPH	2.2 NAME	TD Frash, Norbert
STREET ADDRESS	12210 KELLY GREENS BLVD #78	2.3 STREET ADDRESS	12130 Kelly Greens Blvd #96
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	St. Myer, FL 33908
TITLE	DV JOHNSON, PAUL 2208 PINE GROVE CT. ANN ARBOR MI	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DV JOHNSON, PAUL	3.2 NAME	SO Hever, L.A.
STREET ADDRESS	2208 PINE GROVE CT.	3.3 STREET ADDRESS	12210 Kelly Greens Blvd #74
CITY-ST-ZIP	ANN ARBOR MI	3.4 CITY-ST-ZIP	St. Myer, FL 33908
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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: Jack Myatt **JACK MYATT** 941-454-3341 4/3/98

CFR2E037 (10/97)