


**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90107 036 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																																					
<b>DOCUMENT # N25816</b> 1. Corporation Name <b>KELLY GREENS COMMUNITY ASSOCIATION II, INC.</b>																																																																																																																																									
Principal Place of Business C/O MARQUIS MGMT. 9400 GLADIOLUS DR. #100 FORT MYERS FL 33908 US			Mailing Address C/O MARQUIS MGMT. 9400 GLADIOLUS DR. #100 FORT MYERS FL 33908 US																																																																																																																																						
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/07/1988</b> 4. FEI Number <b>65-0105791</b> 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																																																																																																																																					
9. Name and Address of Current Registered Agent <b>STILPHEN, PETER A</b> <b>C/O MARQUIS MGMT.</b> <b>9400 GLADIOLUS DR. #100</b> <b>FORT MYERS FL 33908</b>			10. Name and Address of New Registered Agent 81 Name 82 \$ Michael Fleming c/o 83 Marquis Management Inc. 84 C 9400 Gladiolus Dr. #100 Fort Myers, FL 33908 85 Zip Code																																																																																																																																						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation is 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 _____ DATE <b>2/1/99</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																																									
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>DP</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MYATT, JACK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12090 KELLY GREENS BLVD., #129</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>FRASH, NORBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12130 KELLY GREENS BLVD #96</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS FL 33908</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>HEVER, L A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12210 KELLY GREENS BLVD #74</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT MYERS FL 33908</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	DP	<input checked="" type="checkbox"/> DELETE	NAME	MYATT, JACK		STREET ADDRESS	12090 KELLY GREENS BLVD., #129		CITY-ST-ZIP	FORT MYERS FL		TITLE	TD	<input type="checkbox"/> DELETE	NAME	FRASH, NORBERT		STREET ADDRESS	12130 KELLY GREENS BLVD #96		CITY-ST-ZIP	FORT MYERS FL 33908		TITLE	SD	<input type="checkbox"/> DELETE	NAME	HEVER, L A		STREET ADDRESS	12210 KELLY GREENS BLVD #74		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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>VP VICE PRES.</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>Conrad Matuzek</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>12050 Kelly Greens Blvd #124</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>FL MYERS, FL 33908</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>President (PO)</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>Heuer L.A.</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>12210 Kelly Greens Blvd #74</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>FL MYERS, FL 33908</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE	VP VICE PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	Conrad Matuzek		1.3 STREET ADDRESS	12050 Kelly Greens Blvd #124		1.4 CITY-ST-ZIP	FL MYERS, FL 33908		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP			3.1 TITLE	President (PO)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME	Heuer L.A.		3.3 STREET ADDRESS	12210 Kelly Greens Blvd #74		3.4 CITY-ST-ZIP	FL MYERS, FL 33908		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		
TITLE	DP	<input checked="" type="checkbox"/> DELETE																																																																																																																																							
NAME	MYATT, JACK																																																																																																																																								
STREET ADDRESS	12090 KELLY GREENS BLVD., #129																																																																																																																																								
CITY-ST-ZIP	FORT MYERS FL																																																																																																																																								
TITLE	TD	<input type="checkbox"/> DELETE																																																																																																																																							
NAME	FRASH, NORBERT																																																																																																																																								
STREET ADDRESS	12130 KELLY GREENS BLVD #96																																																																																																																																								
CITY-ST-ZIP	FORT MYERS FL 33908																																																																																																																																								
TITLE	SD	<input type="checkbox"/> DELETE																																																																																																																																							
NAME	HEVER, L A																																																																																																																																								
STREET ADDRESS	12210 KELLY GREENS BLVD #74																																																																																																																																								
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																																																																																																																																									
1.1 TITLE	VP VICE PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
1.2 NAME	Conrad Matuzek																																																																																																																																								
1.3 STREET ADDRESS	12050 Kelly Greens Blvd #124																																																																																																																																								
1.4 CITY-ST-ZIP	FL MYERS, FL 33908																																																																																																																																								
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
2.2 NAME																																																																																																																																									
2.3 STREET ADDRESS																																																																																																																																									
2.4 CITY-ST-ZIP																																																																																																																																									
3.1 TITLE	President (PO)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
3.2 NAME	Heuer L.A.																																																																																																																																								
3.3 STREET ADDRESS	12210 Kelly Greens Blvd #74																																																																																																																																								
3.4 CITY-ST-ZIP	FL MYERS, FL 33908																																																																																																																																								
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-99

Daytime Phone #

CR2E037 (1/98)