

2000 UNIFORM BUSINESS REPORT (UBR)

2.

DOCUMENT # N25816

1. Entity Name

KELLY GREENS COMMUNITY ASSOCIATION II, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-02-2000 90077 021 ****61.25

Principal Place of Business		Mailing Address	
C/O MARQUIS MGMT. 9400 GLADIOLUS DR. #100 FORT MYERS FL 33908 US		C/O MARQUIS MGMT. 9400 GLADIOLUS DR. #100 FORT MYERS FL 33908-6698 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
65-0105791		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLEMING, MICHAEL C/O MARQUIS MGMT. 9400 GLADIOLUS DR. #100 FORT MYERS FL 33908		Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	VD MATUZEK, CONRAD 12050 KELLY GREENS BLVD #134 FORT MYERS FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres. See correction
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRASH, NORBERT 12130 KELLY GREENS BLVD #96 FORT MYERS FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEVER, L A 12210 KELLY GREENS BLVD #74 FT MYERS FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Heuer, Leroy
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

MAR 01 2000 Daytime Phone #

CRSE037 (9/99)