2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N25816

Jan 30, 2003 Secretary of State

US

FILED

Entity Name: KELLY GREENS COMMUNITY ASSOCIATION II, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O MARQUIS MGMT.

9400 GLADIOLUS DR, #100

FORT MYERS, FL 33908

C/O BENSON'S, INC.

12650 WHITEHALL DR

FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

C/O BENSONS INC 12650 WHITEHALL DRIVE FT. MYERS, FL 339073619

FEI Number: 65-0105791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'NEILL, ARLENE
C/O PRIME MANAGEMENT GROUP INC
9400 GLADIOLUS DR, #100
FORT MYERS, FL 33908 US

BENSON, MARK R
12650 WHITEHALL DR
FORT MYERS, FL 33907 US

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: MARK R. BENSON 01/30/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: TD (X) Change () Addition

Name: MATUZEK, CONRAD Name: MATUZEK, CONRAD Address: 12050 KELLY GREENS BOULEVARD #134 Address: 12050 KELLY GREENS BOULEVARD #134

City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete Title: PD (X) Change () Addition

Name: GRAY, PATRICIA Name: MOWBRAY, PATRICIA
Address: 12130 KELLY GREENS BLVD #94 Address: 12130 KELLY GREENS BLVD #94

City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete Title: VSD (X) Change () Addition

Name: HIGGINS, JOHN Name: GILBERT, TERRANCE

Address: 12250 KELLY GREENS BOULEVARD #44 Address: 12250 KELLY GREENS BOULEVARD #53

City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MOWBRAY PRES 01/30/2003