

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26414** (5)

1. Corporation Name

**KELLY GREENS TERRACE CONDOMINIUM III ASSOCIATION  
, INC.**

Principal Place of Business

Mailing Address

C/O TOP MANAGEMENT  
16681 MCGREGOR BLVD. STE 207  
FT MYERS FL 33908

C/O TOP MANAGEMENT  
16681 MCGREGOR BLVD. STE 207  
FT MYERS FL 33908-3870



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/12/1988</b>	3a. Date of Last Report <b>06/17/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0083491</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOP MGMT. OF SW FLORIDA INC.  
16681 MCGREGOR BLVD.  
STE 207  
FT MYERS FL 33908**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOLYNEUX, JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>12621 KELLY SANDS WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	1.4 CITY-ST-ZIP	<b>33908</b>
TITLE	<b>VPD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNLAP, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>1005 W. LAKEWOOD DR</b>	2.3 STREET ADDRESS	<b>1005 LAKEWOOD DR</b>
CITY-ST-ZIP	<b>FENTON MO</b>	2.4 CITY-ST-ZIP	<b>FENTON MO 63026</b>
TITLE	<b>STD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETERS, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>1521 FREEPORT ST.</b>	3.3 STREET ADDRESS	<b>1521 FREEPORT RD</b>
CITY-ST-ZIP	<b>NATRONA HEIGHTS PA</b>	3.4 CITY-ST-ZIP	<b>NATRONA HEIGHTS PA 15065</b>
TITLE		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		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		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 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.

SIGNATURE

*Robert Peters*  
**ROBERT PETERS, SEC'Y/TREAS** 04-08-97

CR2E037 (9/96)