

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28273

1. Entity Name

KELLY GREENS VERANDAS CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business

C O MARQUIS MGMT.
9400 GLADIOLUS DR. #100
FT MYERS FL 33908
US

Mailing Address

C O MARQUIS MGMT.
9400 GLADIOLUS DR. #100
FT MYERS FL 33908
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0146575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ONEILL, ARLENE
C/O MARQUIS MANAGEMENT INC.
9400 GLADIOLUS DR, #100
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name *Prime Management Group Inc*

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

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

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GENTILE, BETTY 12090 KELLY GREENS BV 116 FT. MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATUZEK, ANN 12050 KELLY GREENS BLVD #134 FT. MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORSFIELD, DALE 12050 KELLY GREENS BLVD, #128 FT MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	<i>No Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	<i>No Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	<i>No Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

941-454-1500

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)