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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 05/12/1988	3a. Date of Last Report 06/17/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0083491	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	MOLYNEUX, JAMES	1.2 NAME	
STREET ADDRESS	12621 KELLY SANDS WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	33908
TITLE	VPD	2.1 TITLE	☒ Change ☐ Addition
NAME	DUNLAP, ROBERT	2.2 NAME	
STREET ADDRESS	1005 W. LAKEWOOD DR	2.3 STREET ADDRESS	1005 LAKEWOOD DR
CITY-ST-ZIP	FENTON MO	2.4 CITY-ST-ZIP	FENTON MO 63026
TITLE	STD	3.1 TITLE	☒ Change ☐ Addition
NAME	PETERS, ROBERT	3.2 NAME	
STREET ADDRESS	1521 FREEPORT ST.	3.3 STREET ADDRESS	1521 FREEPORT RD
CITY-ST-ZIP	NATRONA HEIGHTS PA	3.4 CITY-ST-ZIP	NATRONA HEIGHTS PA 15065
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)