FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

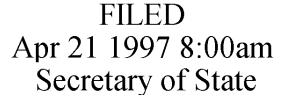
Secretary of State DIVISION OF CORPORATIONS

1997

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DOCUMENT # N30957 (7)

KELLY GREENS TERRACE CONDOMINIUM VII ASSOCIATION . INC.





Principal Place of Business Mailing Address						A LEBOVIEK DEG VIVIN BRAKEN KOKAN DININ TERU BABAN BABAN BABAN BABAN BABAN KORNI
*MARQUIS MANAGEMENT INC. *MARQUIS MANAGEMENT INC.						
12661 NEW BRITTANY BLVD. 12661 NEW BRITTANY BLVD						
FORT MYERS FL 33907 3631			31			3. Date Incorporated or Qualified 3a. Date of Last Report
						03/02/1989 04/10/1996
	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				65-0141202 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	¬ '' '			5. Certificate of Status Desired \$8.75 Additional
22 Ottu ^o Stat		City & State				Fee Required
City & State	е	City & State				6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip Country				Trust Fund Contribution Added to Fees
24	25	1		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
==1	9. Name and Address of Current		1001	T -		10. Name and Address of New Registered Agent
				61	Name	9
STILPHEN, PETER A				82	Stroot A	t Address (P.O. Roy Number in Not Assessable)
%MARQUIS MANAGEMENT INC.				82 Street Address (P.O. Box Number is Not Acceptable)		
	IEW BRITTANY BLVD.			83		
FT. MYE	R\$ FL 33907			84	City	85 Zip Code
44 6					•	
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: Register					nt signature n	re required when reinstating) DATE
12.	OFFICERS AND PSD	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	BUSCH, PAUL A.		1.2 N/			C Cuantie C voorilois
STREET ADDRESS	12170 KELLY SANDS WY 713		1		ADDRESS	.
CITY-ST-ZIP	FT. MYERS FL		- 1			·
TITLE	VD	DELETE		1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	FRISINGER, JAMES E.		2.2 N/			
STREET ADDRESS	12170 KELLY SANDS WY 703		2.3 ST	REET	ADDRESS	
CITY-ST-ZIP	FT MYERS FL		2. 4 CITY-		- 1	
TITLE	D DELETE			3.1 TITLE		Change Addition
NAME	STETSON, WILLIAM		3.2 NA	ME	j	
STREET ADDRESS	I was the same of the same		3.3 \$1	3.3 STREET ADDRESS		·
CITY-ST-ZIP			3.4.0	3.4. CITY-ST-ZIP		
TITLE "	DELETE DELETE		4.1 Tr	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLCOX, HERBERT		4. 2 N	AME		
STREET ADDRESS	**************************************		4.3 ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL			4.4 CITY-ST-ZIP		
TITLE			5.1 111			Change Addition
NAME	BARTLETT, CLAYTON		5 2 NA			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	WOODSTOCK, ONT CAN N454		5.4 Cr		r- 2 IP	
TITLE		DELETE	6.1 1(1			Change Addition
NAME			6.2 NA			
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP			6.4 CI	TY-S	[- Z (P	

14. Ido 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.