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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N30957** **(7)**

1. Corporation Name

KELLY GREENS TERRACE CONDOMINIUM VII ASSOCIATION , INC.

Principal Place of Business	Mailing Address
%MARQUIS MANAGEMENT INC. 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907	%MARQUIS MANAGEMENT INC. 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907

2. Principal Place of Business

c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, Fl. 33908 US

2a. Mailing Address

c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, Fl. 33908 US

3. Date Incorporated or Qualified: 03/02/1989

4. FEI Number: 65-0141202 ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ **$8.75** Additional Fee Required

Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

24 | 25 | 29 | 30

9. Name and Address of Current Registered Agent

STILPHEN, PETER A
%MARQUIS MANAGEMENT INC.
12661 NEW BRITTANY BLVD.
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Stilphen, Peter
82 Marquis Management, Inc.
83 9400 Gladiolus Drive #100
84 Fort Myers, FL 33908 US
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	PSD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BUSCH, PAUL A.		1.2 NAME	Bell, Wiley	
STREET ADDRESS	12170 KELLY SANDS WY 713		1.3 STREET ADDRESS	12170 Kelly Sands Way # 721	
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	Ft. Myers, Fl 33908	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRISINGER, JAMES E.		2.2 NAME		
STREET ADDRESS	12170 KELLY SANDS WY 703		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STETSON, WILLIAM		3.2 NAME		
STREET ADDRESS	12170 KELLY SANDS WAY #706		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33908		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLCOX, HERBERT		4.2 NAME		
STREET ADDRESS	12170 KELLY SANDS WAY #726		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARTLETT, CLAYTON		5.2 NAME		
STREET ADDRESS	309-635 CANABERRY ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK, ONT CAN N4S4L3		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Paul A. Busch PAUL A. BUSCH 4-2-98 941-466-1507
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone Number