

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N30957					
1. Corporation Name KELLY GREENS TERRACE CONDOMINIUM VII ASSOCIATION, INC.					
Principal Place of Business %MARQUIS MANAGEMENT INC. 9400 GLADIOLUS DR. #100 FORT MYERS FL 33908 US			Mailing Address %MARQUIS MANAGEMENT INC. 9400 GLADIOLUS DR. #100 FORT MYERS FL 33908 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/02/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0141202	
24 Country		29 Country		30	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing ☐				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STILPHEN, PETER A %MARQUIS MANAGEMENT INC. 9400 GLADIOLUS DR. #100 FT. MYERS FL 33908				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL 33908			

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 Michael Fleming DATE 2/3/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	BUSCH, PAUL A.	1.2 NAME	
STREET ADDRESS	12170 KELLY SANDS WY 713	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VD	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	3.1 TITLE	☐ Change ☐ Addition
NAME	BELL, WILEY	3.2 NAME	
STREET ADDRESS	12170 KELLY SANDS WAY #721	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	3.4 CITY-ST-ZIP	
TITLE	DT	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	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 N454L3	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 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, with all other like empowered.

SIGNATURE: Michael Fleming DATE 4/23/99 DAYTIME PHONE # 966-1507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)