

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91202 034 ****61.25

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DOCUMENT # N30957

1. Entity 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**

20032167



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

11595 Kelly Road

3. Mailing Address

11595 Kelly Road

Suite, Apt. #, etc.

Suite #309

Suite, Apt. #, etc.

Suite 309

City & State

Ft. Myers, FL 33908

City & State

Ft. Myers, FL

Zip

33908

Country

USA

Zip

33908

Country

USA

4. FEI Number **65-0141202**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

O'NEIL, ARLENE

C/O PRIME MANAGEMENT GROUP, INC.

9400 GLADIOLUS DR. #100

FT. MYERS FL 33908

Name

Arlene O'Neill

Street Address (P.O. Box Number is Not Acceptable)

11595 Kelly Road, #309

City

Ft. Myers

FL

Zip Code

33908

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Arlene O'Neill

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **BUSCH, PAUL A.**
STREET ADDRESS **12170 KELLY SANDS WY 713**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **D** ☐ Delete
NAME **BELL, WILEY**
STREET ADDRESS **12170 KELLY SANDS WAY. #721**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **PD** ☐ Delete
NAME **WILLCOX, HERBERT**
STREET ADDRESS **12170 KELLY SANDS WAY, #726**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Herbert Willcox **REQUIRED**

4-11-03 259-454-4881

CR2E037 (10/02)