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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N 31794

KElly GREENS Community Association III, INC.

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]	1 000017 -04/24/9601	92821	
Principal Place of Business		Mailing Address				057023	
, i					***61.25		
				3. Da	ate Incorporated or Qualifie	d 3a. Date of Last	
				04	//9/1989	4/3/95	
. Principal Place of Business		2a. Mailing Address	3	4. FE	Number	├	Applied For Not Applicable
C/O MARDUS	Mamt	26 C/0 MAR	equis mam	7. 65	. 014/275		Additional
Suite, Apt. #. etc. 12661 NEWB	Rittany Blue	Suite, Apt. #, etc	NEW BRITHA	an Blue 5. Co	ertificate of Status Desired	7	Required
2 12661 NEW B	KITTHINY PILL	City & State		6. EI	ection Campaign Financing		May Be
Ft. MUERS,	FL	28 FT. MY	IERS, FL	1	ust Fund Contribution		d to Fees
Zip Co	ountry	Žφ	Country 30 U.S.	8. Tr	nis corporation has liability f	for intangible tax under Types \text{No}	s. 199.032,
33907 25		29 33907	30 0.5.	77. FI	orida Statutes ame and Address of New		
9. Name and A	ddress of Current R	legistered Agent	81 N	lame	ante and Address of Now	(togistorou rigorii	
			1	HENKE. '	CAROL J.		
			82 S	treet Address (P.O.	Box Number is Not Accep	otable)	
			83	O MARKY		A	
1				2661 N	EW BRITTA	any 12146	
			84 C	CIOT	MUERG	FL 85 걸	3947
11. Pursuant to the provisions of	017.0500.5	and 617 1500 Florida	Statutes the above-no	amed corporation s	submits this statement for th	ne purpose of changing	its registered
	Sections 617 0502 a			e corporation's box	ard of directors. I hereby ac	cept the appointment	as registered
				O 00.p 0			
office or registered agent, or agent. I am familiar with, and		ons of Section 617.05	O A A				
office or registered agent, or agent. I am familiar with, and SIGNATUREOhol	d accept the obligation	n ke_	CARUL :	THENKE		4-19-96 DATE	
office or registered agent, or agent. I am familiar with, and SIGNATURE Signature typed or printer.	d accept the obligation	A Rection 617.00	O A A	T I HENKE		4-19-96 DATE FICERS AND DIRECTO	ORS IN 12
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that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SOUTH THE ROBERT SHAFER SHAFER

4-18-96 466-2604

Date Daytime Phone #