


# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N 31794**  
 1. Corporation Name  
**KELLY GREENS Community Association III, INC.**

**100001792821**  
**-04/24/96--01057--023**  
**\*\*\*61.25**

Principal Place of Business	Mailing Address
2. Principal Place of Business	2a. Mailing Address

21 <b>C/O MARQUIS mgmt</b>	26 <b>C/O MARQUIS mgmt.</b>		
22 <b>12661 NEW BRITTANY Blvd</b>	27 <b>12661 NEW BRITTANY Blvd</b>		
23 <b>FT. MYERS, FL</b>	28 <b>FT. MYERS, FL</b>		
24 <b>33907</b>	25 <b>U.S.A.</b>	29 <b>33907</b>	30 <b>U.S.A.</b>

3. Date Incorporated or Qualified <b>04/19/1989</b>	3a. Date of Last Report <b>4/3/95</b>
4. FEI Number <b>65-0141275</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name <b>HENKE, CAROL J.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>C/O MARQUIS mgmt.</b>
83 <b>12661 NEW BRITTANY Blvd</b>
84 City <b>FORT MYERS</b>
85 Zip Code <b>FL 33907</b>

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: *Carol J. Henke* **CAROL J. HENKE** DATE: **4-19-96**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**PD SHAFER, BOB**  
**16321 KELLY WOODS DR. #181**  
**FORT MYERS, FL 33907**

**DT BUSCH, PAUL**  
**12170 KELLY SANDS WAY #713**  
**FORT MYERS, FL 33908**

**DV ROBERTS, CLIFFORD**  
**12171 KELLY SANDS WAY #1561**  
**FORT MYERS, FL 33908**

**D MORRISON, JEAN**  
**12191 KELLY SANDS WAY #1523**  
**FT MYERS, FL 33908**

**LD GODFREE, LARRY**  
**12181 KELLY SANDS WAY #1545**  
**FORT MYERS, FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, 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: *Robert Shafer* **ROBERT SHAFER** DATE: **4-18-96** DAYTIME PHONE #: **466-2604**

CR2E037 (12/95)