

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N31794 (3)
1. Corporation Name
KELLY GREENS COMMUNITY ASSOCIATION III, INC.



Principal Place of Business Mailing Address
C/O MARQUIS MGMT. 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907
C/O MARQUIS MGMT. 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907-3631

3. Date Incorporated or Qualified 04/19/1989
3a. Date of Last Report 04/23/1996
4. FEI Number 65-0141275 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CAROL J. HENKE
C/O MARQUIS MGMT.
12661 NEW BRITTANY BLVD.
FT MYERS FL 33907

10. Name and Address of New Registered Agent
61 N Stilphen, Peter
62 S Marquis Management, Inc.
63 12661 New Brittany Blvd.
64 Fort Myers, Fl. 33907
65 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 *Peter Stilphen* PETER STILPHEN 1/20/97 DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROBERTS, CLIFFORD	
STREET ADDRESS	12171 KELLY SANDS WAY #1581	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GODFREE, LARRY	
STREET ADDRESS	12181 KELLY SANDS WAY #1545	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BUSCH, PAUL	
STREET ADDRESS	12170 KELLY SANDS WAY #713	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRISON, JEAN	
STREET ADDRESS	12191 KELLY SANDS WAY #1523	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHAHER, BOB	
STREET ADDRESS	18321 KELLY WOODS DR. #181	
CITY-ST-ZIP	FT MYERS FL 33907	
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBERTA BRUSH
4.3 STREET ADDRESS	12191 KELLY SANDS WAY #1503
4.4 CITY-ST-ZIP	FT MYERS FL 33908
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARY WILLIAMS
5.3 STREET ADDRESS	13156 KELLY SANDS WAY
5.4 CITY-ST-ZIP	FT MYERS FL 33908
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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. Braxton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)