

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31794 (3)**  
 1. Corporation Name  
**KELLY GREENS COMMUNITY ASSOCIATION III, INC.**



Principal Place of Business C/O MARQUIS MGMT. 12661 NEW BRITANNY BLVD. FORT MYERS FL 33907	Mailing Address C/O MARQUIS MGMT. 12661 NEW BRITANNY BLVD. FORT MYERS FL 33907
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3. Date Incorporated or Qualified  
**04/19/1989**

4. FEI Number  
**65-0141275**

Applied For  
 Yes  Not Applicable

c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US	Mailing Address c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US
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Certificate of Status Desired  **\$8.75 Additional Fee Required**

Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Is this nonprofit corporation a homeowners association?  
 Yes  No

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

Zip

9. Name and Address of Current Registered Agent

**STILPHEN, PETER**  
**MARQUIS MANAGEMENT, INC**  
**12661 NEW BRITANNY BLVD**  
**FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81	Stilphen, Peter
82	Marquis Management, Inc.
83	9400 Gladiolus Drive #100
84	Fort Myers, FL 33908 US
85	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV ROBERTS, CLIFFORD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, CLIFFORD	1.2 NAME	
STREET ADDRESS	12171 KELLY SANDS WAY #1561	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33908	1.4 CITY-ST-ZIP	
TITLE	D GODFREE, LARRY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREE, LARRY	2.2 NAME	
STREET ADDRESS	12181 KELLY SANDS WAY #1545	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	DT BUSCH, PAUL <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCH, PAUL	3.2 NAME	
STREET ADDRESS	12170 KELLY SANDS WAY #713	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	3.4 CITY-ST-ZIP	
TITLE	D BRUSH, ROBERTA <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUSH, ROBERTA	4.2 NAME	
STREET ADDRESS	12191 KELLY SANDS WAY, #1503	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D WILLIAMS, MARY <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MARY	5.2 NAME	
STREET ADDRESS	12150 KELLY SANDS WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Roberta H. Brush **3-27-98 941-454-7534**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0057245

CP2E037 (10/97)