

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90146 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N31794

1. Corporation Name
KELLY GREENS COMMUNITY ASSOCIATION III, INC.

Principal Place of Business C/O MARQUIS MGMT. 9400 GLADIOLUS DR. #100 FORT MYERS FL 33908 US	Mailing Address C/O MARQUIS MGMT. 9400 GLADIOLUS DR. #100 FORT MYERS FL 33908 US
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/19/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0141275
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent STILPHEN, PETER MARQUIS MANAGEMENT, INC 9400 GLADIOLUS DR, #100 FT MYERS FL 33908	10. Name and Address of New Registered Agent Michael Fleming c/o Marquis Management Inc. 9400 Gladiolus Dr. #100 Fort Myers, Fl. 33908
---	--

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: *[Signature]* Michael Fleming DATE: 3/24/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DV	ROBERTS, CLIFFORD 12171 KELLY SANDS WAY #1561 FT MYERS FL 33908	1.1 TITLE YP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	GODFREE, LARRY 12181 KELLY SANDS WAY #1545 FT MYERS FL	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DT	BUSCH, PAUL 12170 KELLY SANDS WAY #713 FORT MYERS FL 33908	2.2 NAME Arlene Gonsalves	
TITLE D	BRUSH, ROBERTA 12191 KELLY SANDS WAY, #1503 FT MYERS FL	2.3 STREET ADDRESS 12181 Kelly Sands Way #1602	
TITLE D	WILLIAMS, MARY 12150 KELLY SANDS WAY FT MYERS FL	2.4 CITY-ST-ZIP Ft. Myers, FL 33908	
TITLE D		3.1 TITLE Sec/Tres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D		3.2 NAME Doris Willcox	
TITLE D		3.3 STREET ADDRESS 12170 Kelly Sands Way #726	
TITLE D		3.4 CITY-ST-ZIP Fort Myers, FL 33908	
TITLE D		4.1 TITLE Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D		5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D		5.2 NAME Gary Bunje	
TITLE D		5.3 STREET ADDRESS 12150 Kelly Sands Way #602	
TITLE D		5.4 CITY-ST-ZIP Ft. Myers, FL 33908	
TITLE D		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D		6.2 NAME	
TITLE D		6.3 STREET ADDRESS	
TITLE D		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Roberta Brush* 3-24-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)