

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90059 032 ****61.25

DOCUMENT # N31794

1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0141275	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
FLEMING, MICHAEL
C/O MARQUIS MANAGEMENT INC.
9400 GLADIOLUS DR, #100
FT MYERS FL 33908

7. Name and Address of New Registered Agent
 Name **ARLENE O'NEILL**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *Arlene O'Neill* DATE **3/22/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME V ROBERTS, CLIFFORD STREET ADDRESS 12171 KELLY SANDS WAY #1561 CITY-ST-ZIP FT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME D GONSAWARE, ARLENE STREET ADDRESS 12181 KELLY SANDO WAY #602 CITY-ST-ZIP FT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME ST WILLCOX, DORIS STREET ADDRESS 12170 KELLY SANDS WAY #726 CITY-ST-ZIP FORT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME P BRUSH, ROBERTA STREET ADDRESS 12191 KELLY SANDS WAY, #1503 CITY-ST-ZIP FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME D. BUNJE, GARY STREET ADDRESS 12150 KELLY SANDS WAY #602 CITY-ST-ZIP FT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME VD KALISA, ROGER STREET ADDRESS 12191 KELLY SANDS WAY #1504 CITY-ST-ZIP FT MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME BD SIMMONS, IRVING STREET ADDRESS 12150 KELLY SANDS WAY #614 CITY-ST-ZIP FT MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME TD LAWLOR, JOHN STREET ADDRESS 12181 KELLY SANDS WAY #1541 CITY-ST-ZIP FT MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME PD WILCOX, JIM STREET ADDRESS 12170 KELLY SANDS WAY #726 CITY-ST-ZIP FT MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME SD SHERIDAN, TOM STREET ADDRESS 12171 KELLY SANDS WAY #1571 CITY-ST-ZIP FT MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John B. [Signature]* DATE: **4/5/01** DAYTIME PHONE #: **941-454-3049**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)