

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90125 044 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**Coastal Association Management
1595 Kelly Road
Fort Myers, FL 33908**

3. Mailing Address
**Coastal Association Management
11595 Kelly Road
Fort Myers, FL 33908**

FEI Number **65-0141275** Applied For
 Not Applicable

Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**O'NEILL, ARLENE
C/O PRIME MANAGEMENT GROUP 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)
C/O COASTAL ASSOC. MGMT. OF LEE CTY, INC

11595 KELLY RD #309

City
FT. MYERS FL Zip Code
33908

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Arlene O'Neill* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KALISZ, ROGER 12191 KELLY SANDS WAY, #1504 FT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, WILLIAM M 12171 KELLY SANDS WAY, #1583 FT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWLOR, JOHN 12181 KELLY SANDS WAY, #1541 FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILCOX, JIM 17170 KELLY SANDS WAY, #720 FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAKE, RICHARD 12150 KELLY SANDS WAY #610 FORT MYERS FL 33908	<input 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 STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: **SIGNATURE REQUIRED** 3403 239-481-5011

CR2E037 (10/02)