

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N37062 (9)

1. Corporation Name

KELLY GREENS MANOR CONDOMINIUM VI ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

% MARQUIS MANAGEMENT
12563 NEW BRITTANY BLVD.
FT MYERS FL 33907

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12563 NEW BRITTANY BLVD.
FT MYERS FL 33907

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:18

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1990
3a. Date of Last Report 06/09/1994
4. FEI Number 65-0182724
Applied For
Not Applicable

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

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STILPHEN, PETER
% MARQUIS MANAGEMENT
12563 NEW BRITTANY BLVD.
FT MYERS FL 33907

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STUART, ALEX
STREET ADDRESS 16500 KELLY COVE DR
CITY-ST-ZIP FT MYERS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME CHAMPION, WILLIAM
STREET ADDRESS 16500 KELLY COVE
CITY-ST-ZIP FT MYERS FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME MILLER, MARGARET
STREET ADDRESS 16500 KELLY COVE DR
CITY-ST-ZIP FT. MYERS FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS HARTMAN, ROBERT
4.4 CITY-ST-ZIP 16500 Kelly Cove Dr.
Fort Myers, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS PARKER, RONALD
5.4 CITY-ST-ZIP 16500 Kelly Cove Dr.
Fort Myers, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Peter A. Stigphen
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

2/23/95 813-939-3461
DATE (Type or Print Name)