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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37062

1. Corporation Name

KELLY GREENS MANOR CONDOMINIUM VI ASSOCIATION, I NC.

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip / Country 24 / 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip / Country 29 / 30	3. Date Incorporated or Qualifed 03/08/1990 4. FEI Number 65-0182724 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STILPHEN, PETER
12661 NEW BRITTANY BLVD
9400 GLADIOLUS DR, #100
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Michael Fleming c/o
82 Marquis Management Inc.
83 9400 Gladiolus Dr. #100
84 Fort Myers, Fl. 33908
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 [signature] agent — Michael Fleming — 3/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	STUART, ALEX		1.2 NAME	Richard Turner	
STREET ADDRESS	16500 KELLY COVE DR		1.3 STREET ADDRESS	16500 Kelly Cove Dr. #2885	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	DT	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MONEY, JOHN		2.2 NAME		
STREET ADDRESS	16500 KELLY COVE DR #2871		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	33908	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MILLER, MARGARET		3.2 NAME		
STREET ADDRESS	16500 KELLY COVE DR		3.3 STREET ADDRESS	16500 Kelly Cove Dr. #2890	
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	33908	
TITLE	DP	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HARTMAN, ROBERT		4.2 NAME		
STREET ADDRESS	16500 KELLY COVE DR		4.3 STREET ADDRESS	16500 Kelly Cove Dr. #2878	
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	VPD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	PARKER, RONALD		5.2 NAME		
STREET ADDRESS	16500 KELLY COVE DR		5.3 STREET ADDRESS	16500 Kelly Cove Dr. #2862	
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP	33908	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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] Richard Turner — 3/10/99 — 941-466-0669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1-1/98)