

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90050 042 ****61.25

DOCUMENT # N37062

1. Entity Name

KELLY GREENS MANOR CONDOMINIUM VI ASSOCIATION, I

Principal Place of Business

C/O MARQUIS MGMT. INC
 9400 GLADIOLUS DR. #100
 FT MYERS FL 33908
 US

Mailing Address

C/O MARQUIS MGMT. INC
 9400 GLADIOLUS DR. #100
 FT MYERS FL 33908
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0182724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLEMING, MICHAEL
MARQUIS MANAGEMENT INC
9400 GLADIOLUS DR. #100
FT MYERS FL 33908

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

3/22/01

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

(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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD TURNER, RICHARD 16500 KELLY COVE DR #2885 FT MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, MARGARET 16500 KELLY COVE DR #2890 FT. MYERS FL 33908	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARTMAN, ROBERT 16500 KELLY COVE DR #2878 FT MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HICKS, JOHN 16500 KELLY COVE FT MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, EDWARD 16500 KELLY COVE DRIVE # 2890 FT MYERS FL 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HICKS, JOHN 16500 KELLY COVE DRIVE # 2884 FT MYERS FL 33908	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUPURDA, ROBERT 16500 KELLY COVE DRIVE # 2886 FT MYERS FL 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

ARLENE O'NEILL

3/22/01

941-466-0619

CR2E037 (10/00)