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

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90409 017 ****61.25

DOCUMENT # N37062

1. Entity Name
KELLY GREENS MANOR CONDOMINIUM VI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PRIME MANAGEMENT 9400 GLADIOLUS DR, #100 FT MYERS, FL 33908 US	9400 GLADIOLUS DR. #100 FT MYERS, FL 33908 US

2. Principal Place of Business	3. Mailing Address
c/o Top Mgnt of SWFL Inc	c/o Top Mgnt of SWFL Inc
Suite, Apt. #, etc.: 16681 McGregor Blvd #104	Suite, Apt. #, etc.: 16681 McGregor Blvd #104
City & State: Ft Myers FL	City & State: Ft Myers FL
Zip: 33908 Country: USA	Zip: 33908 Country: USA

☐ CHECK HERE IF MAKING CHANGES

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
DILLER, BEATRICE C/O TOP MGMT OF SW FL INC 16681 MCGREGOR BLVD #104 FT MYERS, FL 33908	Name 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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			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 DULEBOHN, ROBERT 16500 KELLY COVE DR #2870 FT MYERS FL 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOROLY, KENNETH 16500 KELLY COVE DR # 2876 FT. MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARTMAN, ROBERT 16500 KELLY COVE DR #2878 FT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HICKS, JOHN 16500 KELLY COVE FT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHUPURDA, ROBERT 16500 KELLY COVE DRIVE #2886 FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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] 4/25/03 466-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. W. HARTMAN