

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90005 037 ****61.25

DOCUMENT # N24990

1. Corporation Name

KELLY GREENS COMMUNITY ASSOCIATION I, INC.

Principal Place of Business

16681 MCGREGOR BLVD
SUITE 207
FT MYERS FL 33908
US

Mailing Address

16681 MCGREGOR BLVD
SUITE 207
FT MYERS FL 33908
US



2. Principal Place of Business

21 16681 MCGREGOR BLVD

2a. Mailing Address

26 16681 MCGREGOR BLVD

3. Date Incorporated or Qualified

02/23/1988

Suite, Apt. #, etc.

22 SUITE 104

Suite, Apt. #, etc.

27 SUITE 104

4. FEI Number

65-0106198

Applied For

Not Applicable

City & State

23 FORT MYERS FL

City & State

28 FORT MYERS FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

24 33908

Country

25 US

Zip

29 33908

Country

30 US

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DILLER, BEATRICE
TOP MANAGEMENT
16681 MCGREGOR BLVD, #207
FT MYERS FL 33908

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME BATTON, DONALD
STREET ADDRESS 12601 KELLY SANDS WAY #408
CITY-ST-ZIP FT MYERS FL

TITLE PD ☒ DELETE

NAME PETERS, ROBERT
STREET ADDRESS 12621 KELLY SANDS WY #315
CITY-ST-ZIP FT. MYERS FL 33908

TITLE D ☒ DELETE

NAME BURNS, FRANK
STREET ADDRESS 12641 KELLY SANDS WY #228
CITY-ST-ZIP FT MYERS FL 33908

TITLE STD ☐ DELETE

NAME HAZNEDL, RAY
STREET ADDRESS 12641 KELLY SANDS WY #127
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ DELETE

NAME ENGLISH, PHILLIP
STREET ADDRESS 12581 KELLY SANDS WY #506
CITY-ST-ZIP FT MYERS FL 33908

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP/S/D ☒ Change ☐ Addition

1.2 NAME BATTON, DONALD
1.3 STREET ADDRESS 12601 KELLY SANDS WAY #408
1.4 CITY-ST-ZIP FORT MYERS FL

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME MOLYNEAUX, JAMES
2.3 STREET ADDRESS 12621 KELLY SANDS WAY #305
2.4 CITY-ST-ZIP FORT MYERS FL

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME MATZ, MARY ELLEN
3.3 STREET ADDRESS 12641 KELLY SANDS WAY #225
3.4 CITY-ST-ZIP FORT MYERS FL

4.1 TITLE P/T/D ☒ Change ☐ Addition

4.2 NAME HAZNEDL, RAY
4.3 STREET ADDRESS 12641 KELLY SANDS WAY # 127
4.4 CITY-ST-ZIP FORT MYERS FL

5.1 TITLE D ☐ Change ☐ Addition

5.2 NAME ENGLISH, PHILLIP
5.3 STREET ADDRESS 12581 KELLY SANDS WAY #506
5.4 CITY-ST-ZIP FORT MYERS FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-99

1006301

CR2E037 (5/99)