

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
05-03-2001 91116 018 \*\*\*\*61.25

**DOCUMENT # N24990**

1. Entity Name

**KELLY GREENS COMMUNITY ASSOCIATION I, INC.**

Principal Place of Business

**16681 MCGREGOR BLVD  
SUITE 104  
FT MYERS FL 33908  
US**

Mailing Address

**16681 MCGREGOR BLVD  
SUITE 104  
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

**65-0106198**

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  
16681 MCGREGOR BLVD  
STE 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.

SIGNATURE

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  
**VSD  
BATTON, DONALD  
12601 KELLY SANDS WAY #408  
FT MYERS FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
BATTON, DONALD  
12601 KELLY SANDS WAY #408  
FT MYERS FL 33908** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MOLYNEAUX, JAMES  
12621 KELLY SANDS WAY #305  
FT. MYERS FL 33908** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MOLYNEAUX, JAMES  
12621 KELLY SANDS WAY #305  
FT MYERS FL 33908** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MATZ, MARY ELLEN  
12621 KELLY SANDS WAY #225  
FT. MYERS FL 33908** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MATZ, MARVELLEN  
12641 KELLY SANDS WAY #225  
FT MYERS FL 33908** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHANTZ, PAUL  
12581 KELLY SANDS WAY #503  
FT MYERS FL 33908** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
ESTABROOK, W.T.  
12661 KELLY SANDS WAY #104  
FT MYERS FL 33908** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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:**

**DONALD BATTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/01 941-454-5567**

CR2E037 (10/00)