

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90519 021 ****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

TOP MANAGEMENT OF SW FL INC
16681 MCGREGOR BLVD
STE 104
FT MYERS FL 33908

7. Name and Address of New Registered Agent

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, 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
Due By May 1, 2004

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BATTON, DONALD	
STREET ADDRESS	12601 KELLY SANDS WAY #408	
CITY-ST-ZIP	PORT MYERS FL 33908	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOLYNEAUX, JAMES	
STREET ADDRESS	12621 KELLY SANDS WAY #305	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOSCHETTO, SUZAN	
STREET ADDRESS	12641 KELLY SANDS WAY, #229	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHANTZ, PAUL	
STREET ADDRESS	12581 KELLY SANDS WAY #503	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEAGT, HISEOG	
STREET ADDRESS	12641 KELLY SANDS WAY, #101	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Flinn	
STREET ADDRESS	12621 Kelly Sands Way	
CITY-ST-ZIP	Ft Myers FL 33908	
TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Leahy, Jr	
STREET ADDRESS	12661 Kelly Sands Dr #101	
CITY-ST-ZIP	Ft Myers, FL 33908	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joel Gerhard	
STREET ADDRESS	12601 Kelly Sands Way #412	
CITY-ST-ZIP	Ft Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

JOSEPH W. LEAHY JR.

PRESIDENT

4/20/04

(239) 466-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #