

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90044 013 \*\*\*\*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

**TOP MANAGEMENT OF SW FL INC  
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. 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, 2005**

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          | <b>D</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>FLINN, ROBERT</b>               |                                            |
| STREET ADDRESS | <b>12621 KELLY SANDS WAY</b>       |                                            |
| CITY-ST-ZIP    | <b>FORT MYERS FL 33908</b>         |                                            |
| TITLE          | <b>PD</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>LEAHY, JOSEPH JR</b>            |                                            |
| STREET ADDRESS | <b>12661 KELLY SANDS DR #101</b>   |                                            |
| CITY-ST-ZIP    | <b>FORT MYERS FL 33908</b>         |                                            |
| TITLE          | <b>VD</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BOSCHETTO, SUZAN</b>            |                                            |
| STREET ADDRESS | <b>12641 KELLY SANDS WAY, #229</b> |                                            |
| CITY-ST-ZIP    | <b>FT. MYERS FL 33908</b>          |                                            |
| TITLE          | <b>STD</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>SCHANTZ, PAUL</b>               |                                            |
| STREET ADDRESS | <b>12581 KELLY SANDS WAY #503</b>  |                                            |
| CITY-ST-ZIP    | <b>FT MYERS FL 33908</b>           |                                            |
| TITLE          | <b>D</b>                           | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>GERHARD, JOEL</b>               |                                            |
| STREET ADDRESS | <b>12601 KELLY SANDS WAY #41</b>   |                                            |
| CITY-ST-ZIP    | <b>FORT MYERS FL 33908</b>         |                                            |
| TITLE          |                                    | <input type="checkbox"/> Delete            |
| NAME           |                                    |                                            |
| STREET ADDRESS |                                    |                                            |
| CITY-ST-ZIP    |                                    |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                    |                                                                              |
|----------------|------------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>AVD</b>                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                    |                                                                              |
| STREET ADDRESS | <b>12621 KELLY SANDS WAY # 330</b> |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |
| TITLE          |                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                    |                                                                              |
| STREET ADDRESS | <b>12661 KELLY SANDS WAY # 101</b> |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |                                                                              |
| STREET ADDRESS |                                    |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |
| TITLE          | <b>SD</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                    |                                                                              |
| STREET ADDRESS |                                    |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |
| TITLE          | <b>VTB</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>CHAMBERS, TOM</b>               |                                                                              |
| STREET ADDRESS | <b>12601 KELLY SANDS WAY #423</b>  |                                                                              |
| CITY-ST-ZIP    | <b>FORT MYERS FL 33908</b>         |                                                                              |
| TITLE          | <b>2VD</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>VERBEKE, ROBERT</b>             |                                                                              |
| STREET ADDRESS | <b>12641 KELLY SANDS WAY #208</b>  |                                                                              |
| CITY-ST-ZIP    | <b>FORT MYERS FL 33908</b>         |                                                                              |

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.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/05**

Date

**(239) 466-3330**

Daytime Phone #