

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24990

FILED  
Mar 19, 2010  
Secretary of State

**Entity Name:** KELLY GREENS COMMUNITY ASSOCIATION I, INC.

**Current Principal Place of Business:**

11637 KELLY ROAD  
#301  
FT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

11637 KELLY ROAD  
#301  
FT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 65-0106198      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

1ST CHOICE COMM ASSN MGMT INC  
11637 KELLY ROAD  
#301  
FT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CHAMBERS, THOMAS  
Address: 12601 KELLY SANDS WAY #423  
City-St-Zip: FORT MYERS, FL 33908

Title: VP  
Name: VERBEKE, ROBERT  
Address: 12641 KELLY SANDS WAY, # 208  
City-St-Zip: FT. MYERS, FL 33908

Title: D@L  
Name: KUHN, CLINTON  
Address: 12581 KELLY SANDS WAY #527  
City-St-Zip: FORT MYERS, FL 33908

Title: S  
Name: SULLIVAN, DONALD  
Address: 12621 KELLY SANDS WAY #302  
City-St-Zip: FORT MYERS, FL 33908

Title: T  
Name: MORRISON, CHARLES  
Address: 12661 KELLY SANDS WAY #111  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS CHAMBERS

P

03/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date