


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90461 007 \*\*\*\*61.25

<b>DOCUMENT # N25675</b>					
1. Entity Name KELLY GREENS TERRACE CONDOMINIUM II ASSOCIATION, INC.					
Principal Place of Business C/O TOP MANAGEMENT OF SW FL INC 16681 MCGREGOR BLVD., #104 FT MYERS, FL 33908 US		Mailing Address C/O TOP MANAGEMENT OF SW FL INC 16681 MCGREGOR BLVD., #104 FT MYERS, FL 33908 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0083497	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DILLER, BEATRICE % TOP MANAGEMENT OF SW FL INC 16681 MCGREGOR BLVD., #104 FT MYERS, FL 33908			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KISER, STAN	NAME			
STREET ADDRESS	12641 KELLY SANDSWAY #226	STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 33908	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHUMATE, AL	NAME			
STREET ADDRESS	12647 KELLY SANDO WAY #221	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOUNTGOMERY, LEE	NAME			
STREET ADDRESS	12641 KELLY SANDS WAY., #219	STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 33908	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VERBEKE, ROBERT	NAME			
STREET ADDRESS	12641 KELLY SANDS WAY #208	STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS, FL 33908	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROGERS, LINDA	NAME			
STREET ADDRESS	12641 KELLY SANDS WAY #228	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		Date: 04/18/07		Daytime Phone #: 466-3330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Linda Rogers, TREASURER					

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