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95 APR 18 PM 10:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25677 (8)

1. Corporation Name
KELLY GREENS VERANDAS CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business: **12521 KELLY SANDS WAY FORT MYERS FL 33908**

Mailing Address: **% BENSONS INC. 12650 WHITEHALL DR. FT. MYERS FL 33907**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/30/1988	3a. Date of Last Report 04/06/1994
4. FEI Number 65-0083498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BENSON, MARK R
% BENSONS INC.
12650 WHITEHALL DR.
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and (the if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KIRST, CARL
STREET ADDRESS	12521 KELLY SANDS WAY #38
CITY-ST-ZIP	FT. MYERS FL
TITLE	VD
NAME	SCHOPP, VICTOR
STREET ADDRESS	12581 KELLY SANDS WAY #5
CITY-ST-ZIP	FT. MYERS FL
TITLE	SD
NAME	STUMP, JEAN
STREET ADDRESS	12541 KELLY SANDS WAY #17
CITY-ST-ZIP	FT. MYERS FL
TITLE	TD
NAME	CAMPBELL, BARRET
STREET ADDRESS	12581 KELLY SANDS WAY #7
CITY-ST-ZIP	FT. MYERS FL
TITLE	D
NAME	RIZZO, ERNEST
STREET ADDRESS	12321 KELLY SANDS WAY #32
CITY-ST-ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kozy, Norman	
1.3 STREET ADDRESS	12521 Kelly Sands Way, #35	
1.4 CITY-ST-ZIP	Fort Myers, FL	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Campbell, Barrett	
2.3 STREET ADDRESS	12561 Kelly Sands Way, #7	
2.4 CITY-ST-ZIP	Fort Myers, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wagner, William	
4.3 STREET ADDRESS	12521 Kelly Sands Way, #36	
4.4 CITY-ST-ZIP	Fort Myers, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Wagner Date: 2/24/95 (813) 277-0718