


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90257 042 ****61.25

DOCUMENT # N25677
 1. Entity Name
KELLY GREENS VERANDAS CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business
COASTAL ASSOCIATION MANAGEMENT
11595 KELLY RD.
FORT MYERS, FL 33908 US

Mailing Address
COASTAL ASSOCIATION MANAGEMENT
11595 KELLY RD.
FORT MYERS, FL 33908 US

24053009



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04142004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0083498

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
O'NEILL, ARLENE
11595 KELLY RD.
FORT 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	TD JEFFORDS, JOHN 12521 KELLY SANDS WAY, #31 FORT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAGNER, W L 12521 KELLY SANDS WAY #36 FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALSH, JOHN 12561 KELLY SANDS WAY, #5 FORT MYERS, FL 33905 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIRGA, JOHN O 12541 KELLY SANDS WAY #26 FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIRG, JOHN 12541 KELLY SANDS WAY #26 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAGNER, WILLIAM 12521 KELLY SANDS WAY, #36 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John Jeffords 12521 Kelly Sands Way #31 Fort Myers, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Charles Miller 12521 Kelly Sands Way #41 Fort Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Norman Kozy 12521 Kelly Sands Way #35 Fort Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stan Brooks 12561 Kelly Sands Way #3 Fort Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Robertson 12561 Kelly Sands Way #1 Fort Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Charles J. Miller **CHARLES J. MILLER** #21/04 239-415-7002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #