2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N25677

FILED Apr 23, 2004 8:00 am Secretary of State 04-23-2004 90257 042 ****61.25

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 MANA 11595 KELLY RD. FORT MYERS, FL 33908 US				EMENT S			11881 BITTE BITTE 1811			
2. Principal Place of Business 3.		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04142004	Chg-NP	CR2E	037 (10/03)	
City & State		City & State				4. FEt Numbe 65-0083				pplied For lot Applicable
Zip	Country	Zip	Zip Co.			5. Certificate	of Status Desired		\$8.75 Ac	Iditional
6. Name and Address of Current Re		Registered Agent	ered Agent		7. Name and Address of New Registered Agent					
			_	Name						
O'NEILL, A 11595 KEI FORT MY			Street Address			P.O. Box Numbe	r is Not Acceptabl	Θ)		
				City			·		Zip Coo	de
9 The chaus	named action as built this state and fa	AL		1 40				FI	_ !	
the obligation	anamed entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or	registere	ed agent, or both	a, in the State of Fl	orida. I am	n familiar with	, and accept
_										
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	1 Agent signatur	re required v	when reinstating)		DATE		
SIGNATURE		9. Election Can Trust Fund C	npaign F	inancing =		when reinstating) \$5.00 May Be Added to Fees		iake chec	k payable	
حن د ت	Signature, typed or printed name of registered agent a Filling Fee Is \$81.25 Due by May 1, 2004	9. Election Can Trust Fund C	npaign F Contributi	inancing =		\$5.00 May Be Added to Fees	Flo	iake chec rida Depa	rtment of S	itate
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nereby 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 occupancy or the receiver of the receiver

SIGNATURE(

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #