

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90255 042 \*\*\*\*61.25

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04212005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N25677</b>							
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				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0083498	Applied For Not Applicable		
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 <i>Arlene O'Neill</i>		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
DATE							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JEFFORDS, JOHN		NAME	Benedict, Donald			
STREET ADDRESS	12521 KELLY SANDS WAY, #31		STREET ADDRESS	12521 Kelly Sands Way #39			
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft. MYERS, FL 33908			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MILLER, CHARLES		NAME	Meester, Earl			
STREET ADDRESS	12521 KELLY SANDS WAY #41		STREET ADDRESS	12501 Kelly Sands Way #14			
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft. MYERS, FL 33908			
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOZY, NORMAN		NAME				
STREET ADDRESS	12521 KELLY SANDS WAY # 35		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROOKS, STAN		NAME	Brooks, Stan			
STREET ADDRESS	12561 KELLY SANDS WAY # 3		STREET ADDRESS	12561 Kelly Sands Way # 3			
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft. MYERS, FL 33908			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROBERTSONN, ROBERT		NAME	STUMP, Jean			
STREET ADDRESS	12561 KELLY SANDS WAY # 1		STREET ADDRESS	12541 Kelly Sands Way #17			
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft. MYERS, FL 33908			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WAGNER, WILLIAM		NAME				
STREET ADDRESS	12521 KELLY SANDS WAY, #36		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP				
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: <i>Norman R. Kozy</i>		NORMAN R. KOZY		4/22/05 239/454-5079			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			