
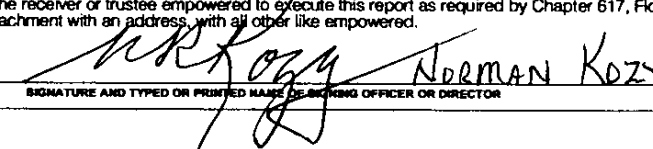


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90818 040 ****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		
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 65-0083498	
			Applied For <input type="checkbox"/> 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		
O'NEILL, ARLENE 11595 KELLY RD. FORT MYERS, FL 33908			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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$81.25 Due by May 1, 2007		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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEREDICT, DONALD		NAME	HUTNICH, ROBERT	
STREET ADDRESS	12521 KELLY SANDS WAY #39		STREET ADDRESS	12521 KELLY SANDS WAY #32	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEESKE, EARL		NAME		
STREET ADDRESS	12561 KELLY SANDS WAY #14		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	Tn	<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	D	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, STEVE		NAME		
STREET ADDRESS	12561 KELLY SANDS WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	V/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, STAN		NAME		
STREET ADDRESS	12561 KELLY SANDS WAY #3		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:  NORMAN KOZY					
			Date: 4/12/07		Daytime Phone #: 239-454-5079