

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90964 034 ****61.25

DOCUMENT # N25677

1. Entity Name

KELLY GREENS VERANDAS CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business

**C/O MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DR #100
FT MYERS FL 33908
US**

Mailing Address

**C/O MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DR #100
FT MYERS FL 33908
US**

10027117



Coastal Association Management
11595 Kelly Road
Fort Myers, FL 33908

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11595 Kelly Road
Fort Myers, FL 33908

CHECK HERE IF MAKING CHANGES

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
~~C/O PRIME MANAGEMENT GROUP INC~~
~~8400 GLADIOLUS DR #100~~
~~FT MYERS FL 33908~~

51091
1-27-03

7. Name and Address of New Registered Agent

Name **ARLENE O'NEILL**
Street Address (P.O. Box Number is Not Acceptable)
C/O COASTAL ASSOC. MGMT. OF LEE CTY, INC
11595 KELLY RD #309
City **FT MYERS** FL Zip Code **33908**

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

Arlene O'Neill

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 | VPD SUSSUN, GOULD DR 12541 KELLY SANDS WAY #25 FT. MYERS FL 33908 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WAGNER, W L 12521 KELLY SANDS WAY #36 FT. MYERS FL 33908 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RIZZIO, ERNEST 12521 KELLY SANDS WAY #32 FORT MYERS FL 33908 | <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 type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KIRST, CARL 12521 KELLY SANDS WY, #38 FT. MYERS FL 33908 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD John Jeffords 12521 Kelly Sands Way; #31 Fort Myers, FL 33908 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D 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 | SD John Walsh 12561 Kelly Sands Way; #5 Fort Myers, FL 33908 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD John Dirga 12541 Kelly Sands Way; #26 Fort Myers, FL 33908 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD William Wagner 12521 Kelly Sands Way; #36 Fort Myers, FL 33908 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

CR2E037 (10/02)

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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DESICER

1/22/03 239-454-3902