



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # N25678</b><br>1. Entity Name<br><b>KELLY GREENS VERANDAS CONDOMINIUM II ASSOCIATION, INC.</b>  |   |  |   |                                   |  |
| Principal Place of Business<br><b>C/O COASTAL ASSOCIATION MGMT.<br/>                 11595 KELLY ROAD, #309<br/>                 FORT MYERS, FL 33908 US</b>   |   |  | Mailing Address<br><b>11595 KELLY ROAD, #309<br/>                 FORT MYERS, FL 33908 US</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State                          |   |                                  |  |
| 04092008 Chg-NP CR2E037 (12/06)  |   | 4. FEI Number<br><b>65-0083496</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| Zip Country  |   | Zip Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>O'NEILL, ARLENE<br/>                 11595 KELLY ROAD<br/>                 STE 309<br/>                 FORT MYERS, FL 33908</b>   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____<br><small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>                 Due by May 1, 2008</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>           |   | <b>\$5.00</b> 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>CONNOLLY, JOHN<br>12250 KELLY GREENS BLVD 46<br>FORT MYERS, FL 33908  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>UN00000947086<br>05/30/08-80075-013 61.25 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>O'BRIEN, JOHN<br>12210 KELLY GREENS BLVD #70<br>FORT MYERS, FL 33908  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GREVEL, JERRY<br>12250 KELLY GREENS BLVD #49<br>FORT MYERS, FL 33908   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MERKL, MARGARET<br>12210 KELLY GREENS BLVD #64<br>FT MYERS, FL 33908  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>SMITH, RICHARD<br>12250 KELLY GREENS BLVD #52<br>FORT MYERS, FL 33908 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |   |  |   |  |  |
| <b>SIGNATURE:</b> _____  |   | _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |   | _____<br><small>Date</small>   |  |
|   |   | _____<br><small>Daytime Phone #</small>  |   | _____<br>4/11/08   |  |