2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90200 044 ****61.25

DOCUMENT # N28273

1. Entity Name
KELLY GREENS VERANDAS CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C\O BENSON'S, INC. 12650 WHITEHALL DR FT MYERS, FL 33907 US	C/O BENSONS INC 12650 WHITEHALL DRIVE FT MYERS, FL 33907-3619

04212006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
C/O COASTAL ASSOC. MGMT	C/O COASTAL ASSOC. MGMT
Suite, Apt. #, etc. 11595 KELLY ROAD #309	Suite, Apt. #, etc. 11595 KELLY ROAD #309
City & State FT. MYERS, FL	City & State FT. MYERS, FL
Zip / Country 33908 / LEE	Zip / Country 33908 / LEE

4. FEI Number
65-0146575
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BENSON, MARK R
C/O BENSON'S, INC.
12650 WHITEHALL DR
FORT MYERS, FL 33907

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.
11595 KELLY ROAD #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 ARLENE O'NEILL 4/24/06
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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GENTILE, BETTY 12090 KELLY GREENS BV 116 FT. MYERS, FL 33908	☒ Delete	S/T/D THOMASON, RICHARD 12090 KELLY GREENS BLVD #108 FT. MYERS, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PATRINO, SAMUEL 12090 KELLY GREENS BLVD #114 FORT MYERS, FL 33908	☒ Delete	P JOHNSON, ROSS 12050 KELLY GREENS BLVD #124 FT. MYERS, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RINGHOFER, AL 12050 KELLY GREENS BLVD #126 FT MYERS, FL 33908	☒ Delete	V P/D HORSFIELD, DALE 12050 KELLY GREENS BLVD # 128 FT. MYERS, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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.

SIGNATURE: Ross Johnson 4/24/06 239-482-8003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #