


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N31705 1. Entity Name KELLY GREENS MANOR CONDOMINIUM III ASSOCIATION, INC.	
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FILED
 08 MAY 12 PM 1:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 711 TARPON BAY RD SANIBEL, FL 33957 US	Mailing Address P.O. BOX 100 SANIBEL, FL 33957 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01172008 Chg-NP CR2E037 (12/06)

City & State Zip Country	4. FEI Number 65-0141203
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Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent MACKESY, STEVEN 711 TARPON BAY RD. SANIBEL, FL 33957	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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	VP RAY, DORIS <input checked="" type="checkbox"/> Delete
STREET ADDRESS	12171 KELLY SANDS WAY #1576
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	T ROSENBERG, JOEL <input checked="" type="checkbox"/> Delete
STREET ADDRESS	12171 KELLY SANDS WAY #1578
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	P AMES, MIKE <input type="checkbox"/> Delete
STREET ADDRESS	12171 KELLY SANDS WAY #1577
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	S OIE, ROBIN <input type="checkbox"/> Delete
STREET ADDRESS	12171 KELLY SANDS WAY #1567
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D NEMNICH, JERALD <input type="checkbox"/> Delete
STREET ADDRESS	12171 KELLY SANDS WAY #1536
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>JO Carrey, Joseph</i>
STREET ADDRESS	<i>12171 Kelly Sands Way #1575</i>
CITY-ST-ZIP	<i>Ft Myers FL 33908</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>MS114</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>STO OIE, ROBIN</i>
CITY-ST-ZIP	<i>12171 Kelly Sands Way #1567</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200129597952
CITY-ST-ZIP	05/15/08--01026--023 **61.25

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: *Robin Oie* *3/4/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #