

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N34296 (6)

1. Corporation Name
KELLY GREENS VERANDAS CONDOMINIUM VII ASSOCIATIO N, INC.



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|---|---|
| Principal Place of Business % BENSON'S, INC. 12650 WHITEHALL DR. FORT MYERS FL 33907-3619 | Mailing Address % BENSON'S, INC. 12650 WHITEHALL DR. FORT MYERS FL 33907-3619 |
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| | |
|--|--|
| 3. Date incorporated or Qualified 09/18/1989 | Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. FEI Number 65-0149369 | Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

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|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**BENSON, MARK R
% BENSON'S, INC.
12650 WHITEHALL DR.
FORT MYERS FL 33907-3619**

10. Name and Address of New Registered Agent

| | | |
|---|-----------|----------|
| 81 Name | 85 | Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 | | |
| 84 City | FL | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOREN, GEORGE 16350 KELLY COVE DR #285 FT MYERS FL 33908 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | TD McLaughlin, Charles 16400 Kelly Cove Dr #319 Ft Myers, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SULLIVAN, JAMES B 16410 KELLY COVE DR., 320 FT MYERS FL 33908 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BARTOL, ROBERT R 16350 KELLY COVE DR #298 FT MYERS FL 33908 | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SMITH, TOM 16380 KELLY COVE DR., 300 FT MYERS FL 33908 | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | PD Smith, Tom 16380 Kelly Cove Dr 300 Ft Myers, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARMS, ERNEST A 16350 KELLY COVE DR #285 FT MYERS FL 33908 | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | SD Harms, Ernest A 16350 Kelly Cove Dr #285 Ft Myers, FL 33908 |
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 1-10-98 941-454-6081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0057285

CR2E037 (10/97)