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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N34296

1. Corporation Name

KELLY GREENS VERANDAS CONDOMINIUM VII ASSOCIATIO  
N, INC.

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/18/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0149369

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME BOREN, GEORGE  
STREET ADDRESS 16350 KELLY COVE DR #285  
CITY-ST-ZIP FT MYERS FL 33908

1.1 TITLE TD  Change  Addition  
1.2 NAME Dreissiger, Armin  
1.3 STREET ADDRESS 16320 Kelly Cove Dr #282  
1.4 CITY-ST-ZIP Fort Myers, FL 33908

TITLE VD  DELETE  
NAME SULLIVAN, JAMES B  
STREET ADDRESS 16410 KELLY COVE DR., 320  
CITY-ST-ZIP FT MYERS FL 33908

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME MCLAUGHLIN, CHARLES  
STREET ADDRESS 16400 KELLY COVE DR #319  
CITY-ST-ZIP FT MYERS FL 33908

3.1 TITLE D  Change  Addition  
3.2 NAME McLaughlin, Charles  
3.3 STREET ADDRESS 16410 Kelly Cove Dr #319  
3.4 CITY-ST-ZIP Fort Myers, FL 33908

TITLE PD  DELETE  
NAME SMITH, TOM  
STREET ADDRESS 16380 KELLY COVE DR 300  
CITY-ST-ZIP FT MYERS FL 33908

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME HARMS, ERNEST A  
STREET ADDRESS 16350 KELLY COVE DR #285  
CITY-ST-ZIP FT MYERS FL 33908

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Thomas R. Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)