

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34296

FILED
Jan 15, 2009
Secretary of State

Entity Name: KELLY GREENS VERANDAS CONDOMINIUM VII ASSOCIATION, INC.

Current Principal Place of Business:

% BENSON'S, INC.
12650 WHITEHALL DR.
FORT MYERS, FL 339073619

New Principal Place of Business:

Current Mailing Address:

% BENSON'S, INC.
12650 WHITEHALL DR.
FORT MYERS, FL 339073619

New Mailing Address:

FEI Number: 65-0149369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDALL, BONITA D
12650 WHITEHALL DR.
FORT MYERS, FL 339073619 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STARWALT, GARY
Address: 16410 KELLY COVE DR #317
City-St-Zip: FORT MYERS, FL 33908

Title: TD () Delete
Name: TERWILLIGER, RICHARD
Address: 16350 KELLY COVE DR #284
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: MCLAUGHLIN, CHARLES
Address: 16410 KELLY COVE DR 319
City-St-Zip: FT MYERS, FL 33908

Title: D3 () Delete
Name: HUNTER, ROBERT
Address: 16320 KELLY COVE DR #273
City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete
Name: DREYER, WAYNE
Address: 16410 KELLY COVE DR #322
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HUNTER, ROBERT
Address: 16320 KELLY COVE DR #273
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change () Addition
Name: SLATTERY, JOHN
Address: 16380 KELLY COVE DR #310
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY STARWALT

Electronic Signature of Signing Officer or Director

PRES

01/15/2009

_____ Date