## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25816

Entity Name: KELLY GREENS COMMUNITY ASSOCIATION II, INC.

FILED
Mar 01, 2024
Secretary of State
1383102347CC

## **Current Principal Place of Business:**

C/O COASTAL ASSOCIATION SERVICES, LLC. 1314 CAPE CORAL PKWY. E. 205 CAPE CORAL, FL 33904

## **Current Mailing Address:**

C/O COASTAL ASSOCIATION SERVICES, LLC. 1314 CAPE CORAL PKWY. E. 205 CAPE CORAL, FL 33904 US

FEI Number: 65-0105791 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COASTAL ASSOCIATION SERVICES, LLC C/O COASTAL ASSOCIATION SERVICES, LLC. 1314 CAPE CORAL PKWY. E. 205 CAPE CORAL, FL 33904 US

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: TROY FUTCH 03/01/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title PRESIDENT

Name O'CONNOR, MAUREEN Name ORCUTT, RICHARD

Address C/O COASTAL ASSOCIATION Address C/O COASTAL ASSOCIATION

SERVICES, LLC. SERVICES, LLC.

1314 CAPE CORAL PKWY. E. 205 1314 CAPE CORAL PKWY. E. 205

City-State-Zip: CAPE CORAL FL 33904 City-State-Zip: CAPE CORAL FL 33904

Title TREASURER

Name GOLDSMITH, MICHAEL

Address C/O COASTAL ASSOCIATION

SERVICES, LLC.

1314 CAPE CORAL PKWY. E. 205

City-State-Zip: CAPE CORAL FL 33904

I hereby 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 all other like empowered.