

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

1996-5-96

B

3/10/97

C

DOCUMENT # N22507

(0)

1. Corporation Name

KELLY GREENS SINGLE FAMILY CONDOMINIUM I ASSOCIA  
TION, INC.

Principal Place of Business

Mailing Address

12681 KELLY PALM DR.  
FORT MYERS FL 33908  
US

% BENSON'S, INC.  
12650 WHITEHALL DR.  
FORT MYERS FL 33907  
US



3. Date Incorporated or Qualified

09/16/1987

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0037604

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

XX Yes ☐ No

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

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 PD  
NAME MEYER, DONALD  
STREET ADDRESS 12681 KELLY PALM DR  
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME KALLMAN, HERB  
STREET ADDRESS 12670 KELLY PALM DR.  
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE D  
NAME JONES, ARNOLD  
STREET ADDRESS 12631 KELLY PALM DR.  
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME FENN, JOHN  
STREET ADDRESS 12600 KELLY PALM DR.  
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE SD  
NAME RYAN, MARGARET  
STREET ADDRESS 108 SARATOGA AVE.  
CITY-ST-ZIP BURLINGTON VT

☐ DELETE

5.1 TITLE S/D  
5.2 NAME Patrick, Robert  
5.3 STREET ADDRESS 12620 Kelly Palm Drive  
5.4 CITY-ST-ZIP Fort Myers, FL

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96 (941) 277-0718

Date Daytime Phone #

CR2E037 (12/95)