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FILED

Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N22507 (0)

1. Corporation Name

KELLY GREENS SINGLE FAMILY CONDOMINIUM I ASSOCIA  
TION, INC.

Principal Place of Business

12681 KELLY PALM DR.  
FORT MYERS FL 33908  
US

Mailing Address

% BENSONS, INC.  
12650 WHITEHALL DR.  
FORT MYERS FL 33907-3619  
US3. Date Incorporated or Qualified  
09/16/19873a. Date of Last Report  
04/05/19964. FEI Number  
65-0037604Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE  
NAME MEYER, DONALD  
STREET ADDRESS 12681 KELLY PALM DR  
CITY-ST-ZIP FORT MYERS FLTITLE VD ☐ DELETE  
NAME KALLMAN, HERB  
STREET ADDRESS 12670 KELLY PALM DR.  
CITY-ST-ZIP FORT MYERS FLTITLE D ☐ DELETE  
NAME JONES, ARNOLD  
STREET ADDRESS 12631 KELLY PALM DR.  
CITY-ST-ZIP FORT MYERS FLTITLE TD ☐ DELETE  
NAME FENN, JOHN  
STREET ADDRESS 12600 KELLY PALM DR.  
CITY-ST-ZIP FORT MYERS FLTITLE SD ☐ DELETE  
NAME PATRICK, ROBERT  
STREET ADDRESS 12620 KELLY PALM DRIVE  
CITY-ST-ZIP FORT MYERS FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition  
1.2 NAME Patrick, Robert  
1.3 STREET ADDRESS 12620 Kelly Palm Dr.  
1.4 CITY-ST-ZIP Fort Myers, FL2.1 TITLE V/D ☒ Change ☐ Addition  
2.2 NAME Meyer, Donald  
2.3 STREET ADDRESS 12681 Kelly Palm Dr.  
2.4 CITY-ST-ZIP Fort Myers, FL3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME Lewis, Walter  
3.3 STREET ADDRESS 12720 Kelly Palm Dr.  
3.4 CITY-ST-ZIP Fort Myers, FL4.1 TITLE T/D ☒ Change ☐ Addition  
4.2 NAME Layman, Richard  
4.3 STREET ADDRESS 12630 Kelly Palm Dr.  
4.4 CITY-ST-ZIP Fort Myers, FL5.1 TITLE S/D ☒ Change ☐ Addition  
5.2 NAME Ryan, Margaret  
5.3 STREET ADDRESS 12601 Kelly Palm Dr.  
5.4 CITY-ST-ZIP Fort Myers, FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97 (941) 277-0718

CR2E037 (9/96)