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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N22507

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

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

09/16/1987

4. FEI Number

65-0037604

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 VD ☐ DELETE

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

TITLE D ☐ DELETE

NAME LEWIS, WALTER
STREET ADDRESS 12720 KELLY PALM DR
CITY-ST-ZIP FORT MYERS FL

TITLE TD ☒ DELETE

NAME LAYMAN, RICHARD
STREET ADDRESS 12630 KELLY PALM DR
CITY-ST-ZIP FORT MYERS FL

TITLE SD ☒ DELETE

NAME RYAN, MARGARET
STREET ADDRESS 12601 KELLY PALM DR
CITY-ST-ZIP FORT MYERS FL

TITLE PD ☐ DELETE

NAME PATRICK, ROBERT
STREET ADDRESS 12620 KELLY PALM DRIVE
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☐ Change ☒ Addition

1.2 NAME Fleisch, Cindy
1.3 STREET ADDRESS 12600 Kelly Palm Dr
1.4 CITY-ST-ZIP Fort Myers, FL 33908

2.1 TITLE TD ☐ Change ☒ Addition

2.2 NAME Longer, Hal
2.3 STREET ADDRESS 1410 Tredegar Dr 12580 Kelly Palm Dr
2.4 CITY-ST-ZIP Fort Myers, FL 33908 33908

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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:

Robert Patrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

941-454-1745

Date

Daytime Phone #

CR2E037 (11/98)