

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22507

1. Entity Name

KELLY GREENS SINGLE FAMILY CONDOMINIUM I ASSOCIA

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90107 015 \*\*\*\*61.25

Principal Place of Business	Mailing Address
12681 KELLY PALM DR. FORT MYERS FL 33908 US	% BENSONS. INC. 12650 WHITEHALL DR. FORT MYERS FL 33907-3619 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0037604	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BENSON, MARK R. % BENSON'S, INC. 12650 WHITEHALL DR. FORT MYERS FL 33907		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD MEYER, DONALD <input type="checkbox"/> Delete	TITLE	D Balakier, Richard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12681 KELLY PALM DR	NAME	12660 Kelly Palm Dr
STREET ADDRESS	FORT MYERS FL	STREET ADDRESS	Fort Myers, FL 33908
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D LEWIS, WALTER <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12720 KELLY PALM DR	NAME	
STREET ADDRESS	FORT MYERS FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD FLEISCH, CINDY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12600 KELLY PALM DR	NAME	
STREET ADDRESS	FORT MYERS FL 33908	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD LONGER, HAL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12580 KELLY PALM DR	NAME	
STREET ADDRESS	FORT MYERS FL 33908	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD PATRICK, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12620 KELLY PALM DRIVE	NAME	
STREET ADDRESS	FORT MYERS FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: SIGNATURE 2/5/00 454-1745  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)