## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 91007 002 \*\*\*\*61.25

DOCUMENT # N22507  1. Entity Name KELLY GREENS SINGLE FAMILY CONDOMINIUM I ASSOCIATION, INC.					04-26-2004 91007	002 ****	51.25
12681 KELL FORT MYERS	5, FL 33908 - US -	Mailing Address % BENSONS, INC. 12650 WHITEHALL DR. FORT MYERS, FL 3390	7 U\$				
2. Principal F	Place of Business Thatly Road	3. Mailing Address	estation ma			(6); 014]]	HILL BY TORY
Suite, Apt.	#, etc. 1.309	Suite, Apt. #, etc.	sd: Suite 30	/   ***====*	ng-NP CR2E	037 (10/03)	
City & Stat	nieks, FL	City & State J Toxt muzzs.	Th	4. FEI Number 65-003760	4	<del></del>	oplied For ot Applicable
3390	Country	- Zip 3.	Country -	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require	ditional
			11595 I	Arlene C ss (P.O. Box Number, is N stall Associa Kelly Loss	ress of New Registered  )'Neil  tot Acceptable)  How Marage  Suite =		e
8. The above the obligated SIGNATURE	named entity submits this statement for itions of registered agent.  Signature, typed or printed name of registered agent.	and title if applicable. (NOTE:	Registered Agent signature req		the State of Florida. I am	2/04	
3	Fifing Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund C		\$5.00 May Be Added to Fees	Make chec Florida Depa	k payable to rtment of S	
10.	OFFICERS AND DIF		11,	ADDITIONS/CHANGE	S TO OFFICERS AND D		
NAME STREET ADDRESS CITY-ST-ZIP	RAVEN, DAVID 12600 KELLY PALM DR FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD BALAKIER, RICHARD 12660 KELLY PALM DR FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KIRCHER, ROBERT 12700 KELLY PALM DR FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	المحتضوب الحاضية		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND, RICHARD 12630 KELLY PALM DR FORT MYERS, FL 33908	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATRICK, ROBERT 12620 KELLY PALM DRIVE FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
_	certify that the jolormation supplied with on this report or supplemental report is poration or the receiver or trustee empor or or an attachmost with an address	this filing does not qualify for true and accurate and that m wered to execute this report a true the time empowered.	the exemption stated in y signature shall have t as required by Chapter	Section 119.07(3)(i), Flo he same legal effect as if 617, Florida Statutes; and	rida Statutes. I further ce made under oath; that I d that my name appears	rtify that the ir am an officer in Block 10 or	nformation or director Block 11 if
SIGNAT	URE: SIGNATURE AND TYPEPORE	RINTED NAME OF SIGNING OFFICER OF	OR DIRECTOR	<u> </u>	Date Oate	4 66 Daytima Phone #	<u>8267</u>