## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

**DOCUMENT # N22507** 

1. Entity Name



**FILED** May 02, 2006 8:00 am Secretary of State

05-02-2006 90192 011 \*\*\*\*61.25

KELLY GREENS SINGLE FAMILY CONDOMINIUM I ASSOCIATION, INC.									
Principal Place of Business 11595 KELLY ROAD SUITE 309 FORT MYERS, FL. 33908 US		Mailing Address C/O COASTAL ASSOCIATION MGMT 11595 KELLY ROAD; SUITE 309 FORT MYERS, FL 33908 US			40010	110			
TONT MILES, FE. 33300 03		TOX: BILLO, IL 55500 65							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02162006 Ct	ng-NP CR2E00	37 (11/05)		
City & State		City & State			4. FEI Number 65-003760	4. FEI Number Applied For 65-0037604 Not Applied be			
Zip	Country Zi		ip Country		5. Certificate of St	5. Certificate of Status Desired: \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered A	gent	Mamo	7. Name and Add	ress of New Registered	Agent		
O'NEILL, A	RLENE		Name			· ·· · · · · · · · · · · · · · · · · ·			
11595 KEL	STAL ASSOCIATION MGMT LY ROAD SUITE 309			Street Addre	ess (P.O. Box Number is f	(P.O. Box Number is Not Acceptable)			
FORTMITE	ERS, FL 33908			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. I am familiar with, and accept									
the obligat	ions of registered agent.					•		i	
SIGNATURE.	Signature, typed or printed name of regularish agent	and tille if applicable	s. (NOTE: Regis	Bered Agent signature re	quired when reinstating)	DATE			
Filing Fee is \$61.25 9. Election Campaig				n Financing	\$5.00 May Be	Make checi	k payable to	,	
	Due by May 1, 2006	Ì	Trust Fund Contri	bution.	Added to Fees	Florida Depar	tment of St	ate	
10.	OFFICERS AND D	IRECTORS		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DI	RECTORS IN	10	
TITLE	VPT			MLE D.	VEN, DAVID	,	Change Change	☐ Addition	
NAME Street Address :	RAVEN, DAVID 12600 KELLY PALM DR			NAME KA Street adoress	YEAR, DAVID				
CITY-ST-ZIP	FORT MYERS, FL 33908			CITY-ST-ZIP					
TITLE	Р		Detete	me V	0/2		☐ Change	Addition	
NAME	BALAKIER, RICHARD			NUE j. i	WIS, WALT	ER un De			
STREET ADDRESS	12660 KELLY PALM DR			STREET ADDRESS 12	700 KELLY	PALM	•		
CITY-ST-ZIP	FORT MYERS, FL 33908			CITY-ST-ZEP	T. Priyers, I	FL 33908			
TITLE	ST KIRCHER, ROBERT			mle			Chaude	☐ Addition	
NAME Street address	12700 KELLY PALM DR			NAME Street address					
CATY-ST-ZEP	FORT MYERS, FL 33908			CITY-ST-ZEP					
IIILE	D		(M. Detete	me V	P/D ~	1 4 4 N	Change	Addition	
NAME	RAYMOND, RICHARD		, · •	HAME W	ESSLING, E	PWARD Y PALM FL 33908	A		
STREET ADDRESS	12630 KELLY PALM DR			STREET ADDRESS /2	RECK	Y PALIVE	<i>p</i> /~		
CITY-ST-ZIP	FORT MYERS, FL 33908			CITY-ST-ZIP	TINYERS	FL 33900		H	
TITLE Name	D   Patrick, Robert		M/ some	TTTLE IT	1D 111m=05 (	PALM DR	Change	Addition	
STREET ADDRESS	12620 KELLY PALM DRIVE			STREET ADDRESS /	WUI KEILY	PALM DR	-		
CETY-ST-ZEP	FORT MYERS, FL 33908			CITY-ST-ZEP	r-MYERS.	FL 33908			
			☐ Delete	TITLE			☐ Change	Addition	
TITLE	1			NAME					
NAME				CENTER ADDRESS				i	
NAME STREET ADDRESS			1.	STREET AUDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information sumplied wit	h this filling doe		CITY-ST-ZIP	ined in Chapter 119 Flor	ida Statutes. I hurther cen	ify that the int	formation	
STREET ADDRESS CITY-ST-ZIP  12. 1 hereby of indicated	certify that the information supplied wit on this report or supplemental report in progration or the receiver or this see emit	is true and acc	s not qualify for the	exemptions conta gnature shall have	the same legal effect as i	if made under oath; that I	am an officer	or director	
NAME STREET ADDRESS CITY-ST-ZIP  12. 1 hereby condicated of the conditions.		is true and acc cowered to exe	s not qualify for the trate and that my sig cute this report as re	exemptions conta gnature shall have	the same legal effect as in 617, Florida Statutes; an	if made under oath; that I	am an officer in Block 10 or	or director Block 11 if	

SIGNATURE: Walk TYPED OR PRINTED MAJE OF SEALONG OFFICER OR DIRECTOR

4125/06

234-466-5692 Daysma Phone #