


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State


05-12-2008 90034 003 ****61.25

DOCUMENT # N22507	
1. Entity Name 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40101037



04092008 Chg-NP CR2E037 (12/06)

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

6. Name and Address of Current Registered Agent	
O'NEILL, ARLENE C/O COASTAL ASSOCIATION MGMT 11595 KELLY ROAD SUITE 309 FORT MYERS, FL 33908	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P RAVEN, DAVID 12600 KELLY PALM DR FORT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD LEWIS, WALTER 12720 KELLY PALM DR FORT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
ST KIRCHER, ROBERT 12700 KELLY PALM DR FORT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD WESSLING, EDWARD 12570 KELLY PALM DR FORT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TD CHALMERS, CORINNE 12641 KELLY PALM DR FORT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD BALSLEY, GEORGE 12730 KELLY PALM DR. FT. MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE: George J. Balsley **4/30/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #