

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N22507

FILED
Feb 17, 2003
Secretary of State

Entity Name: KELLY GREENS SINGLE FAMILY CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

12681 KELLY PALM DR.
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

% BENSONS, INC.
12650 WHITEHALL DR.
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0037604 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MEYER, DONALD,
Address: 12681 KELLY PALM DR
City-St-Zip: FORT MYERS, FL

Title: PD () Delete
Name: BALAKIER, RICHARD
Address: 12660 KELLY PALM DR
City-St-Zip: FORT MYERS, FL 33908

Title: STD () Delete
Name: KIRCHER, ROBERT
Address: 12700 KELLY PALM DR
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: RAYMOND, RICHARD
Address: 12630 KELLY PALM DR
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: PATRICK, ROBERT
Address: 12620 KELLY PALM DRIVE
City-St-Zip: FORT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RAVEN, DAVID
Address: 12600 KELLY PALM DR
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: PATRICK, ROBERT
Address: 12620 KELLY PALM DRIVE
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD BALAKIER

PD

02/17/2003

Electronic Signature of Signing Officer or Director

Date