

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24991

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** KELLY GREENS TERRACE CONDOMINIUM I ASSOCIATION, INC.

**Current Principal Place of Business:**

12661 KELLY SANDS WAY  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

11637 KELLY ROAD  
#301  
FORT MYERS, FL 33908 US

**Current Mailing Address:**

C/O TOP MANAGEMENT  
16681 MCGREGOR BLVD, #104  
FORT MYERS, FL 33908 US

**New Mailing Address:**

C/O 1ST CHOICE COMM ASSN MGMT INC  
11637 KELLY ROAD #301  
FORT MYERS, FL 33908 US

FEI Number: 65-0067385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOP MANAGEMENT OF SW FLORIDA INC.  
16681 MCGREGOR BLVD  
SUITE 104  
FT. MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

1ST CHOICE COMM ASSN MGMT INC  
11637 KELLY ROAD  
#301  
FT. MYERS, FL 33908 US

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: DONNA STANGER

03/31/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MORRISON, CHARLES  
Address: 12661 KELLY SANDS WAY, #111  
City-St-Zip: FORT MYERS, FL 33908

Title: STD ( ) Delete  
Name: CAMPBELL, LOUISE  
Address: 12661 KELLY SANDS WAY #108  
City-St-Zip: FORT MYERS, FL 33908

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP ( ) Change (X) Addition  
Name: WALSH, SANDRA  
Address: 12661 KELLY SANDS WAY #112  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHARLES MORRISON

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date