

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90254 001 ****61.25

DOCUMENT # N25678

1. Entity Name
**KELLY GREENS VERANDAS CONDOMINIUM II
ASSOCIATION, INC.**



Principal Place of Business
C/O COASTAL ASSOCIATION MGMT.
11595 KELLY ROAD, #309
FORT MYERS, FL 33908 US

Mailing Address
11595 KELLY ROAD, #309
FORT MYERS, FL 33908 US

DO NOT WRITE IN THIS SPACE



04212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0083496

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

O'NEILL, ARLENE
11595 KELLY ROAD
STE 309
FORT MYERS, FL 33908

**DO NOT WRITE
IN THIS SPACE**

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 *Arlene O'Neill*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	HAMBRICK, THOMAS
STREET ADDRESS	12250 KELLY GREENS BLVD #57
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	O'BRIEN, JOHN
STREET ADDRESS	12210 KELLY GREENS BLVD #70
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	PD
NAME	MEGER, GENE
STREET ADDRESS	12210 KELLY GREENS BLVD, #60
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	SD
NAME	MERKL, MARGARET
STREET ADDRESS	12210 KELLY GREENS BLVD #64
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	VD
NAME	SMITH, RICHARD
STREET ADDRESS	12250 KELLY GREENS BLVD #52
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gene E. Meger
4/22/05 *239-454-7392*