2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90200 045 ****61.25

DOCUMENT # N25816

1. Entity Name
KELLY GREENS COMMUNITY ASSOCIATION II, INC.

Principal Place of Business	Mailing Address
C/O BENSON'S, INC. 12650 WHITEHALL DR FORT MYERS, FL 33907 US	C/O BENSONS INC 12650 WHITEHALL DRIVE FT. MYERS, FL 33907-3619

02162006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
C/O COASTAL ASSOC. MGMT	C/O COASTAL ASSOC MGMT
Suite, Apt. #, etc. 11595 KELLY ROAD #309	Suite, Apt. #, etc. 11595 KELLY ROAD #309
City & State FT. MYERS, FL	City & State FT. MYERS, FL
Zip / Country 33908 / LEE	Zip / Country 33908 / LEE

4. FEI Number
65-0105791
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENSON, MARK R
12650 WHITEHALL DR
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name: ARLENE O'NEILL
Street Address (P.O. Box Number is Not Acceptable): C/O COASTAL ASSOC. MGMT.
11595 KELLY ROAD #309
City: FT. MYERS FL Zip Code: 33908

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 ARLENE O'NEILL 4/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RINGHOFER, ALICE 12050 KELLY GREENS BLVD #126 FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOWBRAY, PATRICIA 12130 KELLY GREENS BLVD #94 FORT MYERS, FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SIT/D SHRIVER, DALE 12130 KELLY GREENS BLVD #100 FT. MYERS, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, TRUDY 12250 KELLY GREENS BOULEVARD #52 FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Trudy Smith (Trudy Smith) 4/24/06 239-454-0328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #