


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90815 023 \*\*\*\*61.25

<b>DOCUMENT # N25816</b> 1. Entity Name <b>KELLY GREENS COMMUNITY ASSOCIATION II, INC.</b>							
Principal Place of Business <b>C/O COASTAL ASSO. MGMT</b> <b>11595 KELLY RD. #309</b> <b>FORT MYERS, FL 33908 US</b>			Mailing Address <b>C/O COASTAL ASSO. MGMT</b> <b>11595 KELLY RD. #309</b> <b>FORT MYERS, FL 33908 US</b>				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		03122007 Chg-NP CR2E037 (12/06)  4. FEI Number <b>65-0105791</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>O'NEILL, ARLENE</b> <b>C/O COASTAL ASSO MGMT</b> <b>11595 KELLY RD. #309</b> <b>FORT MYERS, FL 33908</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RINGHOFER, ALICE <input checked="" type="checkbox"/> Delete 12050 KELLY GREENS BLVD #126 FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REPASS, JULIA <input type="checkbox"/> Change <input type="checkbox"/> Addition 12050 KELLY GREENS BLVD. #127 FT. MYERS, FL 33908			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHRIVER, DALE <input type="checkbox"/> Delete 18130 KELLY GREENS BLVD. #100 FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, TRUDY <input type="checkbox"/> Delete 12250 KELLY GREENS BOULEVARD #52 FORT MYERS, FL 33908		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"/> Delete		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"/> Delete		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"/> Delete		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.							
<b>SIGNATURE:</b> <u>Trudy Smith</u> <b>TRUDY SMITH</b> 4/02/07 234-454-0328 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							