

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25816

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: KELLY GREENS COMMUNITY ASSOCIATION II, INC.

**Current Principal Place of Business:**

C/O COASTAL ASSCO. MGMT  
11595 KELLY RD. #309  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O COASTAL ASSCO. MGMT  
11595 KELLY RD. #309  
FORT MYERS, FL 33908 US

**New Mailing Address:**

FEI Number: 65-0105791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'NEILL, ARLENE  
C/O COASTAL ASSCO MGMT  
11595 KELLY RD. #309  
FORT MYERS, FL 33908 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: REPASS, JULIA  
Address: 12050 KELLY GREENS BLVD #127  
City-St-Zip: FORT MYERS, FL 33908

Title: STD ( ) Delete  
Name: SHRIVER, DALE  
Address: 18130 KELLY GREENS BLVD. #100  
City-St-Zip: FORT MYERS, FL 33908

Title: PD ( ) Delete  
Name: SMITH, TRUDY  
Address: 12250 KELLY GREENS BOULEVARD #52  
City-St-Zip: FORT MYERS, FL 33908

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

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

Title: PD (X) Change ( ) Addition  
Name: SHRIVER, DALE  
Address: 18130 KELLY GREENS BLVD. #100  
City-St-Zip: FORT MYERS, FL 33908

Title: STD (X) Change ( ) Addition  
Name: SMITH, TRUDY  
Address: 12250 KELLY GREENS BOULEVARD #52  
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: DALE SHRIVER

P

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date