


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90818 039 \*\*\*\*61.25

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # N28271</b><br>1. Entity Name<br><b>KELLY GREENS SINGLE FAMILY CONDOMINIUM II ASSOCIATION, INC.</b>  |  |   |  |    |  |
| Principal Place of Business<br><b>C/O COASTAL ASSOCIATION MANAGEMENT</b><br><b>11595 KELLY ROAD</b><br><b>FT. MYERS, FL 33908 US</b>  |  |   | Mailing Address<br><b>C/O COASTAL ASSOCIATION MANAGEMENT</b><br><b>11595 KELLY ROAD</b><br><b>FT. MYERS, FL 33908 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |   |  |
| City & State  |  | City & State  |  |   |  |
| Zip   | Country  | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>O'NEILL, ARLENE</b><br><b>C/O COASTAL ASSOC. MNGMT OF LEE CNTY, INC.</b><br><b>11595 KELLY RD #309</b><br><b>FT MYERS, FL 33908</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>  |  |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |  |
|   |  | <b>Make check payable to</b><br><b>Florida Department of State</b>                  |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>ZIEBELL, ROBERT<br>12424 KELLY SANDS WAY #30<br>FORT MYERS, FL 33908 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ZUCCARD, JOHN<br>12518 KELLY SANDS WAY<br>FT. MYERS, FL 33908<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>HAYNES, DOROTHY<br>12416 KELLY SANDS WAY<br>FORT MYERS, FL 33908     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>RICKARD, JACK<br>12492 KELLY PINE COURT #18<br>FORT MYERS, FL 33908 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T/D<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>WEBER, JAMES<br>12538 KELLY SANDS WAY<br>FORT MYERS, FL 33908        | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>FINNERAN, MERIAN<br>12484 KELLY PINE CT<br>FT. MYERS, FL 33908<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LARSEN, LYNN<br>12500 KELLY SANDS WAY<br>FORT MYERS, FL 33908         | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P/D<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   |  |   |  |
| 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> <i>Jack Rickard</i> <b>JACK RICKARD</b><br><div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br/>           Date <b>4/16/07</b> </div> <div>           Daytime Phone # <b>239-454-3862</b> </div> </div>  |  |   |  |   |  |