


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90238 012 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                  |                                                                                                     |                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N28271</b><br>1. Entity Name<br>KELLY GREENS SINGLE FAMILY CONDOMINIUM II ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                  |                                                                                                     |                                                            |  |
| Principal Place of Business<br>C/O COASTAL ASSOCIATION MANAGEMENT<br>11595 KELLY ROAD<br>FT. MYERS, FL 33908 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                  | Mailing Address<br>C/O COASTAL ASSOCIATION MANAGEMENT<br>11595 KELLY ROAD<br>FT. MYERS, FL 33908 US |                                                                                                                                             |  |
| 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                                                                                             | 4. FEI Number<br>65-0114909                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                  |                                                                                                     | Applied For<br>Not Applicable                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                  |                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                  | 7. Name and Address of New Registered Agent                                                         |                                                                                                                                             |  |
| O'NEILL, ARLENE<br>C/O COASTAL ASSOC. MNGMT OF LEE CNTY, INC.<br>11595 KELLY RD #309<br>FT MYERS, FL 33908                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                  |                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                  | FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                  |                                                                                                     |                                                                                                                                             |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                               | <input checked="" type="checkbox"/> Delete                                       | TITLE                                                                                               | Thomas Jones <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>12440 Kelly Sands Way<br>Ft. Myers, FL 33908              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ZUCCARO, JOHN                   |                                                                                  | NAME                                                                                                |                                                                                                                                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12518 KELLY SANDS WAY           |                                                                                  | STREET ADDRESS                                                                                      |                                                                                                                                             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FORT MYERS, FL 33908            |                                                                                  | CITY-ST-ZIP                                                                                         |                                                                                                                                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SD                              | <input type="checkbox"/> Delete                                                  | TITLE                                                                                               | Rickard, Jack <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>12492 Kelly Pine Court<br>Ft. Myers, FL 33908 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HAYNES, DOROTHY                 |                                                                                  | NAME                                                                                                |                                                                                                                                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12416 KELLY SANDS WAY           |                                                                                  | STREET ADDRESS                                                                                      |                                                                                                                                             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FORT MYERS, FL 33908            |                                                                                  | CITY-ST-ZIP                                                                                         |                                                                                                                                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TD                              | <input type="checkbox"/> Delete                                                  | TITLE                                                                                               | Ross, Don <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>12526 Kelly Sands Way<br>Ft. Myers, FL 33908                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RICKARD, JACK                   |                                                                                  | NAME                                                                                                |                                                                                                                                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12492 KELLY PINE COURT #18      |                                                                                  | STREET ADDRESS                                                                                      |                                                                                                                                             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FORT MYERS, FL 33908            |                                                                                  | CITY-ST-ZIP                                                                                         |                                                                                                                                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VPD                             | <input type="checkbox"/> Delete                                                  | TITLE                                                                                               |                                                                                                                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FINNERAN, MERIAN                |                                                                                  | NAME                                                                                                |                                                                                                                                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12484 KELLY PINE CT             |                                                                                  | STREET ADDRESS                                                                                      |                                                                                                                                             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FORT MYERS, FL 33908            |                                                                                  | CITY-ST-ZIP                                                                                         |                                                                                                                                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PD                              | <input checked="" type="checkbox"/> Delete                                       | TITLE                                                                                               |                                                                                                                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LARSEN, LYNN                    |                                                                                  | NAME                                                                                                |                                                                                                                                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12500 KELLY SANDS WAY           |                                                                                  | STREET ADDRESS                                                                                      |                                                                                                                                             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FORT MYERS, FL 33908            |                                                                                  | CITY-ST-ZIP                                                                                         |                                                                                                                                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete |                                                                                  | TITLE                                                                                               |                                                                                                                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                  | NAME                                                                                                |                                                                                                                                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                  | STREET ADDRESS                                                                                      |                                                                                                                                             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                  | CITY-ST-ZIP                                                                                         |                                                                                                                                             |  |
| 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> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                  |                                                                                                     |                                                                                                                                             |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                  |                                                                                                     |                                                                                                                                             |  |
| Date _____ Daytime Phone # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                  |                                                                                                     |                                                                                                                                             |  |