2008 NOT-FOR-PROFIT CORPORATION ... ANNUAL REPORT

FILED May 29, 2008 8:00 am Secretary of State

05-29-2008 90196 033 ****61.25

DOCUMENT # N30840

KELLY GREENS TERRACE CONDOMINIUM VI



ASSOCIATION, INC. Principal Place of Business Mailing Address COASTAL ASSOCIATION MANAGEMENT COASTAL ASSOCIATION MANAGEMENT 1595 KELLY ROAD 1595 KELLY ROAD FORT MYERS, FL 33908 FORT MYERS, FL 33908 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0266685 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'NEILL, ARLENE Street Address (P.O. Box Number is Not Acceptable) C/O COASTAL ASSOC. MGMT OF LEE CNTY, INC. 11595 KELLY RD #309 FORT MYERS, FL 33908 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITI F ■ Addition SMITH, JOHN NAME NAME 12150 KELLY SANDS WAY #615 STREET ADDRESS STREET ADDRESS FT MYERS, FL 33908 , CITY-ST-ZIP CITY-ST-ZIP VPD TITLE TITLE ☐ Change ☐ Delete Addition SIMMONS, IRVING NAME 12150 KELLY SANDS WAY #614 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS, FL 33908 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAVENS, ANDREW NAME 12150 KELLY SANDS WAY #610 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33908 CITY-ST-ZIP **Y** Delete ☐ Addition TITLE Catalano, Michael 12150 Helly Sands Way #606 A. Myers, R 33908 PALLOTTA, LOUIS NAME NAME 12150 KELLY SANDS WAY #607 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33908 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change □ Addition HAYNES, CAROL NAME 12150 KELLY SANDS WAY #611 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33908 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition 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 eath; 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 axischment within an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR mu

Daytime Phone #