

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30840

FILED  
Mar 27, 2012  
Secretary of State

**Entity Name:** KELLY GREENS TERRACE CONDOMINIUM VI ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ISLAND MANAGEMENT  
PO BOX 100  
SANIBEL, FL 33957 US

**New Mailing Address:**

**FEI Number:** 65-0266685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACKESY, STEVEN  
C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957 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: PD  
Name: SMITH, JOHN  
Address: 10903 INNISBROOKE LANE  
City-St-Zip: FISHERS, IN 46038

Title: VD  
Name: SIMMONS, BUD  
Address: 4910 ASHLEY LANE #83  
City-St-Zip: WATERFORD, MI 48329

Title: SD  
Name: HAYNES, CAROL  
Address: 15293 MEADOWWOOD DRIVE  
City-St-Zip: GRAND HAVEN, MI 49417

Title: D  
Name: SHERWOOD, JERRY  
Address: PO BOX 265  
City-St-Zip: LITTLE CHUTE, WI 54140

Title: TD  
Name: GANNON, PETER  
Address: 12150 KELLY SANDS WAY #629  
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: JOHN SMITH

PD

03/27/2012

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

\_\_\_\_\_  
Date