2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N30957



FILED

Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90255 043 ****61.25

KELLY GREENS TERRACE CONDOMINIUM VII ASSOCIATION, INC. 14009999 Principal Place of Business Mailing Address 11595 KELLY ROAD 11595 KELLY ROAD STE 309 STE 309 FORT MYERS, FL 33908 FORT MYERS, FL 33908 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04212005 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0141202 Applied For City & State City & State Not Applicable Country Country Zip \$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 Name O'NEIL, ARLENE Street Address (P.O. Box Number is Not Acceptable) 1595 KELLY ROAD #309 FT. 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 agen SIGNATURE (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, 2005 Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ST TITLE Delete TITLE Change ☐ Addition BEATTIE, RICHARD NAME STREET ADDRESS 12170 KELLY SANDS WAY #719 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BELL, WILEY NAME NAME STREET ADDRESS 12170 KELLY SANDS WAY #721 STREET ADDRESS FT. MYERS, FL 33908 CITY-ST-ZIP CITY-ST-ZIP PD ☐ Delete ☐ Change ☐ Addition TITLE TITLE WILLCOX, HERBERT NAME NAME STREET ADDRESS 12170 KELLY SANDS WAY, #726 STREET ADORESS FORT MYERS, FL 33908 CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITI F TITLE Richards, David NAME 12170 Welly Sords Way # 701 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 charged, or on an attachment with an address, with all other like empowered.

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Helly Sands Way #715

Daytime Phone i

Change

Addition