


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

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DOCUMENT # N30957				Secretary of State 04-30-2007 90815 022 ****61.25	
1. Entity Name KELLY GREENS TERRACE CONDOMINIUM VII ASSOCIATION, INC.		Principal Place of Business 11595 KELLY ROAD STE 309 FORT MYERS, FL 33908 US		Mailing Address 11595 KELLY ROAD STE 309 FORT MYERS, FL 33908 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 65-0141202	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	03122007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
O'NEIL, ARLENE 1595 KELLY ROAD #309 FT. MYERS, FL 33908				Name Street Address (P.O. Box Number is Not Acceptable) 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 reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BEATTIE, RICHARD 12170 KELLY SANDS WAY #719 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BELL, WILEY 12170 KELLY SANDS WAY #721 FT. MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLCOX, HERBERT 12170 KELLY SANDS WAY, #726 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARDS, DAVID 12170 KELLY SANDS WAY, #701 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KISFER, FREDRICK 12170 KELLY SANDS WAY, #726 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D KIEFER, FREDRICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12170 KELLY SANDS WAY #715		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <u>Wiley E Bell</u> <u>WILEY BELL</u> <u>4.3.07</u> <u>239-454-6741</u>					