

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2008 90238 013 ****61.25

DOCUMENT # N30957 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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent O'NEIL, ARLENE 1595 KELLY ROAD #309 FT. MYERS, FL 33908			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEATTIE, RICHARD		NAME		
STREET ADDRESS	12170 KELLY SANDS WAY #719		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 33908		CITY - ST - ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, WILEY		NAME		
STREET ADDRESS	12170 KELLY SANDS WAY #721		STREET ADDRESS		
CITY - ST - ZIP	FT. MYERS, FL 33908		CITY - ST - ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLCOX, HERBERT		NAME		
STREET ADDRESS	12170 KELLY SANDS WAY, #726		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 33908		CITY - ST - ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDS, DAVID		NAME		
STREET ADDRESS	12170 KELLY SANDS WAY, #701		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 33908		CITY - ST - ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIEFER, FREDRICK		NAME		
STREET ADDRESS	12170 KELLY SANDS WAY 715		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 33908		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Wiley E. Bull</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-10-08 <small>Date</small>		239 454-6741 <small>Daytime Phone #</small>