

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31643

FILED
Apr 30, 2009
Secretary of State

Entity Name: KELLY GREENS SINGLE FAMILY CONDOMINIUM III ASSOCIATION, INC.

Current Principal Place of Business:

C/O COASTAL ASSOC. MGMT
11595 KELLY ROAD, #309
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

C/O COASTAL ASSOC. MGMT
11595 KELLY ROAD, #309
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 65-0152912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEILL, ARLENE
11595 KELLY ROAD, STE. #309
SUITE 104
FORT MYERS, FL 33908 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: P () Delete
Name: HARMS, ERNIE
Address: 16252 KELLY WOOD DR
City-St-Zip: FT MYERS, FL 33908

Title: STD () Delete
Name: SMEDILE, DANIEL
Address: 16174 KELLY WOODS DR
City-St-Zip: FORT MYERS, FL 33908

Title: V () Delete
Name: DOBIS, JIM
Address: 16392 KELLY WOODS DR
City-St-Zip: FORT MYERS, FL 33908

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FUERY, WILLIAM
Address: 16136 KELLY WOODS DR
City-St-Zip: FT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HARMS, ERNEST
Address: 16252 KELLY WOODS DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: D () Change (X) Addition
Name: DEE, DONALD
Address: 16208 KELLY WOODS DRIVE
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM FUERY

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date