

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90255 049 ****61.25


14009552



04212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0141275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DOCUMENT # N31794
 1. Entity Name
 KELLY GREENS COMMUNITY ASSOCIATION III, INC.



Principal Place of Business 11595 KELLY RD. FORT MYERS, FL 33908 US	Mailing Address 11595 KELLY RD. FORT MYERS, FL 33908 US
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 O'NEILL, ARLENE
 11595 KELLY RD.
 FT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

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: *Arlene O'Neill* DATE: 4/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	MONASTERO, S ROBERT
STREET ADDRESS	12191 KELLY SANDS WAY # 1529
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	V
NAME	TAYLOR, WILLIAM M
STREET ADDRESS	12171 KELLY SANDS WAY #1583
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	T
NAME	SMITH, JOHN
STREET ADDRESS	12150 KELLY SANDS WAY # 615
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	P
NAME	WILLCOX, HERBERT
STREET ADDRESS	12170 KELLY SANDS WAY # 726
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	COFFEY, JOHN G
STREET ADDRESS	12181 KELLY SANDS WAY # 1550
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John G Coffey* DATE: 4/21/05 DAYTIME PHONE #: 239-790-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR