


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90200 043 ****61.25

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**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02172006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0141275 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number in Not Applicable)
 City
FL Zip Code

I, the above named entity, submit 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 _____ DATE _____
Signature: typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is **\$81.25** Due by **May 1, 2006**

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

Make check payable to Florida Department of State

66. OFFICERS AND DIRECTORS		67. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 06	
TITLE: S	NAME: MONASTERO, S. ROBERT	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 12191 KELLY SANDS WAY # 1520	CITY-ST-ZIP: FT MYERS, FL 33908		
TITLE: V	NAME: TAYLOR, WILLIAM M	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 12171 KELLY SANDS WAY #1503	CITY-ST-ZIP: FT MYERS, FL 33908	VPID RAY, DORIS	
REL: F	NAME: SMITH, JOHN	STREET ADDRESS: 12171 KELLY SANDS WAY #1576	
STREET ADDRESS: 12150 KELLY SANDS WAY # 815	CITY-ST-ZIP: FORT MYERS, FL 33908	CITY-ST-ZIP: FT. MYERS, FL 33908	
TITLE: P	NAME: WILCOX, HERBERT	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 12170 KELLY SANDS WAY # 726	CITY-ST-ZIP: FORT MYERS, FL 33908		
REL: D	NAME: COFFEY, JOHN G	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 12181 KELLY SANDS WAY # 1550	CITY-ST-ZIP: FORT MYERS, FL 33908		
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:		

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 179, Florida Statutes. Further, I 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, as an attachment with an affidavit, with all other the empowered.

SIGNATURE: *Arlene O'Neill* 4/25/06 239-454-4881
EXECUTIVE AND FILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR