


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90253 039 ****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

40076962



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
CEO Island Mgmt
 Suite, Apt. #, etc.
P.O. Box 100

Suite, Apt. #, etc.

City & State
SARIBEL FL

City & State

Zip
33957 Country
USA

03132007 Chg-NP CR2E037 (12/06)

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

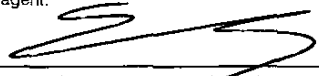
7. Name and Address of New Registered Agent

Name
Steven Mackesy

Street Address (P.O. Box Number is Not Acceptable)
711 TARPON BAY RD

City
SARIBEL FL Zip Code
33957

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  DATE *3/27/07*

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, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONASTERO, S ROBERT 12191 KELLY SANDS WAY # 1529 FT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAY, DORIS 12171 KELLY SANDS WAY #1576 FT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, JOHN 12150 KELLY SANDS WAY # 615 FORT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLCOX, HERBERT 12170 KELLY SANDS WAY # 726 FORT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRANS, Dale <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Montaseo, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Amies, Mike <input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE *3/27/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR