

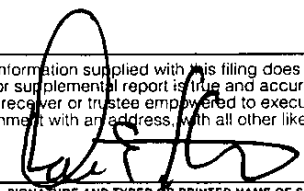


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90253 040 ****61.25

DOCUMENT # N33432 1. Entity Name KELLY GREENS MANOR CONDOMINIUM II ASSOCIATION, INC.					
Principal Place of Business COASTAL ASSOCIATION MGMT 11595 KELLY ROAD FT MYERS, FL 33908 US			Mailing Address COASTAL ASSOCIATION MGMT 11595 KELLY ROAD FT MYERS, FL 33908 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address C/O Island Mgmt P.O. Box 100 City & State SARASOTA FL Zip 33957 Country USA			
City & State		4. FEI Number 65-0140610		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'NEILL, ARLENE C/O COASTAL ASSOC. MGMT. OF LEE CTY, INC 11595 KELLY RD #309 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 SARASOTA 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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P KRANS, DALE 12181 KELLY SANDS WAY # 1531 FT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COFFEY, JOHN G JR 12181 KELLY SANDS WAY #1550 FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THORP, FRANK 12181 KELLY SANDS WAY, #1546 FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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:  DALE KRANS DATE 3/27/07 DAYTIME PHONE # 239-472-5020 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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