2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90125 043 ****61.25

DOCUMENT # N33432

1. Entity Name KELLY GREENS MANOR CONDOMINIUM II ASSOCIATION, INC.



| | | | | | COO WE T | <u>~</u> _ | | | | | |
|---|--|--------------------------------------|--|--------------|--|------------|---|---------------------|----------------------------|---------------|------------|
| Principal Place of Business COASTAL ASSOCIATION MGMT 11595 KELLY ROAD FT MYERS, FL 33908 US | | | Mailing Address C/O ISLAND MGMT P.O. BOX 100 SANIBEL, FL 33957 US | | | | IMMMM VIOE | DE DIGNI GIDIN DIBN | | | |
| 2. Principal Place of Business - No P.O. 8ox # | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 01172008 _{CI} | hg-NP | CR2E03 | 7 (12/06) | |
| City & State | | | City & State | | | | 4. FEI Number 65-014061 | 10 | | <u> </u> | plied For |
| Zip Country | | | Žip | Zip Country | | | 5. Certificate of Status Desired Status Desired Status Desired Fee Required | | | | |
| | 6 Name | and Address of Curren | Registered Agent | | | | 7. Name and Add | iress of New I | Registered A | aent | |
| | 0. 110.1110 | dia Addition of Control | . Hogietal ea zigelik | | Name | | | | | | |
| MACKESY, STEVEN 711 TARPON BAY RD SANIBEL, FL 33957 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| O, II II DELL, | . 2 33337 | | | | City | | | | | Zip Code | 9 |
| | | | | | 0, | | | | FL | 1 | - |
| the obligat | tions of regis | | or the purpose of changing its | register | ed office or r | register | red agent, or both, in | the State of F | lorida. I am fa | amiliar with, | and accept |
| SIGNATURE | | d or printed name of registered ager | and little if applicable (NOT | E: Registere | d Agent signature | e required | d when reinstating) | | DATE | | |
| Fiting Fee is \$61.25 Due by May 1, 2008 9. Election Campaign For Trust Fund Contribution | | | | | | | \$5.00 May Be Added to Fees | | Make check orida Depart | | |
| 10. | | OFFICERS AND D | IRECTORS | 11. | | , | ADDITIONS/CHANG | ES TO OFFIC | ERS AND DIR | ECTORS IN | 10 |
| TITLE | Р | | ☐ Delete | 1ITL | E | 71 | 7 | | | Strange | Addition |
| NAME | KRANS, I | DALE | , NA | | I . | | - | | | - | |
| STREET ADDRESS | 1 ' | ELLY SANDS WAY # 1 | 531 | STR | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | FT MYER | RS, FL 33908 | | CITY | -\$1-ZIP | | | | | | |
| TITLE | VP | | ☐ Delete | TITL | , 1 | D | | | | Change | ☐ Addition |
| NAME | 1 | , JOHN G JR | CT Delete | NAM | - 1 | • | | | | 92090 | |
| STREET ADDRESS | I | ELLY SANDS WAY #15 | 550 | | ET ADDRESS | | | | | | |
| CITY-SI-ZIP FORT MYERS, FL 33908 | | | ,,,, | | - S1 - ZIP | | | | | | |
| TITLE | ST | | Delete | IIIL | - | ۷ ک | 7 | | | Change | Addition |
| NAME: | THORP, | FRANK | L. Delete | NAM | | ~ ` | | | | A | |
| STREET ADDRESS | 1 | ELLY SANDS WAY, #1 | 546 | | E1 ADDRESS | | | | | | |
| CITY-ST-ZIP | 1 | YERS, FL 33908 | 5,5 | | -ST-ZIP | | | | | | |
| TITLE | 1.0 | | ☐ Delete | TITL | F | PT | 0 | | | Change | Addition |
| NAME | | | T Delete | NAM | - I | ` L | _eon In. | mm_ | | L | AL. |
| STREET ADORESS | | | | | EET ADDRESS | | 2181Ke | 114.20 | M92 C | 49 | 1556 |
| CITY+\$1-ZIP | | | | | -ST-ZIP | F | 2181Ke 7, My | ers F | 13. | 708 | , |
| TITLE | | - | ☐ Delete | TITL | E | | - | | | ☐ Change | Addition |
| NAME | | | | NAM | | | | | | | |
| STREET ADDRESS | | | | • | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | CITY | -ST-ZIP | | | | | | |
| TITLE | | | ☐ Delete | TITL | E | | | | | ☐ Change | Addition |
| NAME | 1 | | | NAM | | | | | | · · | |
| 1 | 1 | | | | | | | | | | |
| STREET ADDRESS | | | | | EET ADDRESS | | | | | | |
| STREET ADDRESS CITY-S1-ZIP | | | | STR | 1 | | | | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08