



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90086 028 ****61.25

DOCUMENT # N33435 1. Entity Name KELLY GREENS MANOR CONDOMINIUM I ASSOCIATION, INC.					
Principal Place of Business C/O COASTAL ASSOC. MGMT 11595 KELLY ROAD FT. MYERS, FL 33908			Mailing Address C/O COASTAL ASSOC. MGMT 11595 KELLY ROAD FT. MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <i>C/O Island Mgmt</i> Suite, Apt. #, etc. <i>P.O. Box 100</i> City & State <i>Sanibel FL</i> Zip Country <i>33957 USA</i>			
<div style="text-align: right;">  </div>					
<div style="display: flex; justify-content: space-between;"> <div> 03132007 Chg-NP CR2E037 (12/06) INCORRECT # 4. FEI Number 65-0140610 </div> <div> <i>See Attached Tax Return</i> <i>Correct #</i> 65-014617 </div> </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent O'NEILL, ARLENE 11595 KELLY ROAD FT. MYERS, FL 33908			7. Name and Address of New Registered Agent Name <i>Steven Mackesy</i> Street Address (P.O. Box Number is Not Acceptable) <i>711 Tarpon Bay Rd</i> City <i>Sanibel</i> FL Zip Code <i>33957</i>		
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 _____ <i>[Signature]</i> DATE <i>3/22/07</i> <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 MONASTERO, ROBERT 12191 KELLY SANDS WAY #1529 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VO</i> <i>Beatty, Tom</i> <i>11185 W. Royal Rd</i> <i>Stanwood MI 49346</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOYD, JOHN 12191 KELLY SANDS WAY #1527 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RANSOM, THOMAS 12191 KELLY SANDS WAY #1501 FT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, WILLIAM 12191 KELLY SANDS WAY #1523 FT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEVEL, JACK 12191 KELLY SANDS WAY #1525 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: _____ <i>[Signature]</i> Date <i>3/22/07</i> Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40076047

Form **1120-H**U.S. Income Tax Return
for Homeowners Associations

COPY

OMB No. 1545-0127

2006

Department of the Treasury
Internal Revenue Service

For calendar year 2006 or tax year beginning , 2006, and ending , 20

Use IRS label. Other- wise, print or type.	Name KELLY GREENS MANOR CONDOMINIUM I ASSOC INC	Employer identification number (see page 5) 65 : 0140612
	Number, street, and room or suite no. (If a P.O. box, see page 5.) 11595 KELLY ROAD	Date association formed 07/24/89
	City or town, state, and ZIP code FORT MYERS, FL 33908	

Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended returnA Check type of homeowners association: ☒ Condominium management association ☐ Residential real estate association ☐ Timeshare association

B Total exempt function income. Must meet 60% gross income test (see instructions)	B	85871
C Total expenditures made for purposes described in 90% expenditure test (see instructions)	C	88658
D Association's total expenditures for the tax year (see instructions)	D	91382
E Tax-exempt interest received or accrued during the tax year	E	

Gross Income (excluding exempt function income)

1 Dividends	1	
2 Taxable interest	2	2348
3 Gross rents	3	
4 Gross royalties	4	
5 Capital gain net income (attach Schedule D (Form 1120))	5	
6 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
7 Other income (excluding exempt function income) (attach schedule)	7	
8 Gross income (excluding exempt function income). Add lines 1 through 7	8	2348

Deductions (directly connected to the production of gross income, excluding exempt function income)

9 Salaries and wages	9	
10 Repairs and maintenance	10	
11 Rents	11	
12 Taxes and licenses	12	
13 Interest	13	
14 Depreciation (attach Form 4562)	14	
15 Other deductions (attach schedule)	15	
16 Total deductions. Add lines 9 through 15	16	2724
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	0
18 Specific deduction of \$100	18	\$100 00

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	0
20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20	
21 Tax credits (see instructions)	21	
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits.	22	0
23 Payments: a 2005 overpayment credited to 2006	23a	
b 2006 estimated tax payments	23b	
c Total	23c	
d Tax deposited with Form 7004	23d	
e Credit for tax paid on undistributed capital gains (attach Form 2439)	23e	
f Credit for federal tax on fuels (attach Form 4136)	23f	
g Credit for federal telephone excise tax paid (attach Form 8913)	23g	
h Add lines 23c through 23g	23h	
24 Amount owed. Subtract line 23h from line 22. See instructions for depository method of tax payment	24	0
25 Overpayment. Subtract line 22 from line 23h	25	
26 Enter amount of line 25 you want: Credited to 2007 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	26	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign
Here

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ NoPaid
Preparer's
Use OnlyPreparer's
signature

Date

Check if
self-employed ☐

Preparer's SSN or PTIN

Firm's name (or
yours if self-employed),
address, and ZIP code

PARAGON FINANCIAL SERVICES OF SW FL INC

EIN 65

0844879

8280 COLLEGE PKWY #103, FT MYERS FL 33919

Phone no.

(239) 433-3443