

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90374 027 ****61.25

DOCUMENT # N37062

1. Entity Name

**KELLY GREENS MANOR CONDOMINIUM VI
ASSOCIATION, INC.**



Principal Place of Business

**C/O TOP MGMT OF SW FL. INC.
16681 MCGREGOR BLVD. #104
FT MYERS FL 33908
US**

Mailing Address

**C/O TOP MGMT OF SW FL. INC.
16681 MCGREGOR BLVD. #104
FT MYERS FL 33908
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0182724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DILLER, BEATRICE
C/O TOP MGMT OF SW FL INC
16681 MCGREGOR BLVD #104
FT MYERS FL 33908**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2005**

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 **TD** ☐ Delete
NAME **KOROLY, KENNETH**
STREET ADDRESS **16500 KELLY COVE DR # 2876**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **PD** ☐ Delete
NAME **HARTMAN, ROBERT**
STREET ADDRESS **16500 KELLY COVE DR #2878**
CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **VD** ☒ Delete
NAME **HICKS, JOHN**
STREET ADDRESS **16500 KELLY COVE**
CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **D** ☐ Delete
NAME **CHUPURDA, ROBERT**
STREET ADDRESS **16500 KELLY COVE DRIVE #2886**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **SD** ☐ Delete
NAME **DULEBOHN, ROBERT**
STREET ADDRESS **16500 KELLY COVE #2870**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition
NAME **CHURPURDIA, ROBERT**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Kenneth Koroly 4/12/05

Date

Daytime Phone #