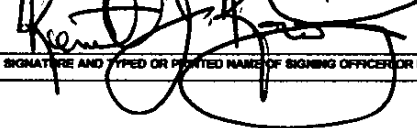


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90350 025 ****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	4. FEI Number 65-0182724	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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 Top Management	
				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					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KOROLY, KENNETH		NAME		
STREET ADDRESS	16500 KELLY COVE DR # 2876		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33908		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HARTMAN, ROBERT		NAME		
STREET ADDRESS	16500 KELLY COVE DR #2878		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CHUPURDIA, ROBERT		NAME		
STREET ADDRESS	16500 KELLY COVE DRIVE #2886		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	DULEBOHN, ROBERT		NAME	Dir	
STREET ADDRESS	16500 KELLY COVE #2870		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	Pee	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	Reese Robert	
STREET ADDRESS			STREET ADDRESS	16500 Kelly Cove #2863	
CITY-ST-ZIP			CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 officer like empowered.					
SIGNATURE: 			4/19/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			239-466-3330		
			Daytime Phone #		