2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N37062

Entity Name: KELLY GREENS MANOR CONDOMINIUM VI ASSOCIATION, INC.

Current Principal Place of Business:

16500 KELLY COVE DRIVE
FT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

C/O BENSON'S INC
12650 WHITEHALL DR
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0182724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANDALL, BONITA
12650 WHITEHALL DR
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KOROLY, KENNETH
Address: 16500 KELLY COVE DR # 2876
City-St-Zip: FT. MYERS, FL 33908

Title: TD ( ) Delete
Name: HARTMAN, ROBERT
Address: 16500 KELLY COVE DR #2878
City-St-Zip: FT MYERS, FL 33908

Title: D ( ) Delete
Name: O'CONNOR, JAMES
Address: 16500 KELLY COVE DR #2890
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete
Name: DULEBOHN, ROBERT
Address: 16500 KELLY COVE #2870
City-St-Zip: FORT MYERS, FL 33908

Title: VP ( ) Delete
Name: REESE, ROBERT
Address: 16500 KELLY COVE #2863
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: HICKS, JOHN
Address: 16500 KELLY COVE DR #2884
City-St-Zip: FT MYERS, FL 33908

Title: SD (X) Change ( ) Addition
Name: KUTTEROFF, FRED
Address: 16500 KELLY COVE DR #2888
City-St-Zip: FORT MYERS, FL 33908

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN KOROLY PRES 02/09/2009

Electronic Signature of Signing Officer or Director — Date