
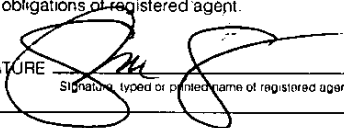
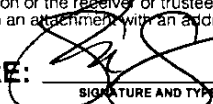


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90419 024 ****61.25

DOCUMENT # N37982					
1. Entity Name VILLAGES AT KELLY GREENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O COASTAL ASSOC MGMT. 11595 KELLY RD #309 FORT MYERS, FL 33908 US			Mailing Address C/O COASTAL ASSOC MGMT. 11595 KELLY RD #309 FORT MYERS, FL 33908 US		
2. Principal Place of Business - No P.O. Box # 12811 Kewwood Ln		3. Mailing Address PO Box 60847			
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc.			
City & State Fort Myers FL		City & State Fort Myers FL			
Zip 33907		Country USA		Zip 33906	
Country USA		Country USA			
4. FEI Number 65-0201450			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent O'NEIL, ARLENE 11595 KELLY RD, STE 309 FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name: <u>Shane Springer</u> Street Address (P.O. Box Number is Not Acceptable): <u>Sunset Management Group</u> <u>12811 Kewwood Ln Suite 210</u> City: <u>FT Myers</u> FL Zip Code: <u>33907</u>		
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:  (NOTE: Registered Agent signature required when reinstating) 4/23/07					
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 PD NAME TYSKA, MARY STREET ADDRESS 12520 KELLY GREENS BLVD #350 CITY - ST - ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME HEJMANOWSKI, GREGORY STREET ADDRESS 12520 KELLY GREENS BLVD #353 CITY - ST - ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME SHELLY, PHILIP STREET ADDRESS 12520 KELLY GREENS BLVD #326 CITY - ST - ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SUYDAM, JOHN STREET ADDRESS 12520 KELLY GREENS BLVD #346 CITY - ST - ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SCHAUNER, GEORGE STREET ADDRESS 12540 KELLY GREENS BLVD #323 CITY - ST - ZIP 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 	<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:  4/23/07 239-833-1144					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					