

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37982

FILED
Apr 14, 2009
Secretary of State

Entity Name: VILLAGES AT KELLY GREENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

711 TARPON BAY RD
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 65-0201450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957 US

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: STEVEN MACKESY

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BYERS, DON
Address: 12520 KELLY GREENS BLVD # 351
City-St-Zip: FORT MYERS, FL 33908

Title: VPD () Delete
Name: HEJMANOWSKI, GREGORY
Address: 12520 KELLY GREENS BLVD #353
City-St-Zip: FORT MYERS, FL 33908

Title: TD () Delete
Name: SUYDAM, JOHN
Address: 12520 KELLY GREENS BLVD #346
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: SCHAUNER, GEORGE
Address: 12540 KELLY GREENS BLVD #323
City-St-Zip: FT MYERS, FL 33908

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: HEJMANOWSKI, GREGORY
Address: 12520 KELLY GREENS BLVD #353
City-St-Zip: FORT MYERS, FL 33908

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

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

Title: PD () Change (X) Addition
Name: TYSKA, MARY
Address: 12520 KELLY GREENS BLVD #342
City-St-Zip: FT MYERS, FL 33908 US

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: MARY TYSKA

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date