

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22507

**Entity Name:** KELLY GREENS SINGLE FAMILY CONDOMINIUM I  
ASSOCIATION, INC.**FILED**  
**Feb 16, 2022**  
**Secretary of State**  
**0799945977CC****Current Principal Place of Business:**8660 COLLEGE PARKWAY  
SUITE 250  
FT. MYERS, FL 33919**Current Mailing Address:**8660 COLLEGE PARKWAY  
SUITE 250  
FT. MYERS, FL 33919 US**FEI Number: 65-0037604****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LONG, DIANNA J  
8660 COLLEGE PARKWAY  
SUITE 250  
FT. MYERS, FL 33919 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: DIANNA J. LONG****02/16/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** TREASURER  
**Name** TERWILLIGER, RICHARD  
**Address** 8660 COLLEGE PARKWAY  
SUITE 250  
**City-State-Zip:** FT. MYERS FL 33919**Title** DIRECTOR  
**Name** CORDILL, RICHARD  
**Address** 8660 COLLEGE PARKWAY  
SUITE 250  
**City-State-Zip:** FT. MYERS FL 33919**Title** PRESIDENT  
**Name** SIMEONE, LINDA  
**Address** 8660 COLLEGE PARKWAY  
SUITE 250  
**City-State-Zip:** FT. MYERS FL 33919**Title** SECRETARY  
**Name** LAW, DAVID  
**Address** 8660 COLLEGE PARKWAY  
SUITE 250  
**City-State-Zip:** FT. MYERS FL 33919**Title** VP  
**Name** DELORENZO, RAYMOND  
**Address** 8660 COLLEGE PARKWAY  
SUITE 250  
**City-State-Zip:** FT. MYERS FL 33919

I hereby 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 all other like empowered.

**SIGNATURE: LINDA SIMEONE****PRESIDENT****02/16/2022**

Electronic Signature of Signing Officer/Director Detail

Date