

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31794

**FILED  
Mar 21, 2017  
Secretary of State  
CC2843003507**

**Entity Name:** KELLY GREENS COMMUNITY ASSOCIATION III, INC.

**Current Principal Place of Business:**

C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957

**Current Mailing Address:**

C/O ISLAND MANAGEMENT  
P.O. BOX 100  
SANIBEL, FL 33957 US

**FEI Number:** 65-0141275

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MACKESY, STEVEN  
C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SMITH, JOHN  
Address        711 TARPON BAY RD  
City-State-Zip: SANIBEL FL 33957

Title            TREASURER  
Name            RICHARDS, DAVID  
Address        711 TARPON BAY RD  
City-State-Zip: SANIBEL FL 33957

Title            VP  
Name            PAGANELLI, LARRY  
Address        711 TARPON BAY RD  
City-State-Zip: SANIBEL FL 33957

Title            SECRETARY  
Name            WEAVER, PATRICIA  
Address        711 TARPON BAY RD  
City-State-Zip: SANIBEL FL 33957

Title            DIRECTOR  
Name            BLACK, MARY JANE  
Address        711 TARPON BAY ROAD  
City-State-Zip: SANIBEL FL 33957

*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:** JOHN SMITH

**PRESIDENT**

**03/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date