

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 JAN 24 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01202006 REIN-NP CR2E099 (11/05)

4. FEI Number **20-3475243** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # N04000006356
1. Entity Name
GENISIS CONDOMINUM ASSOCIATION INC



Principal Place of Business
**2240 TRADE CENTER WAY
NAPLES, FL 34107 US**

Mailing Address
**2240 TRADE CENTER WAY
NAPLES, FL 34107 US**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**WILK, GREGORY A
2240 TRADE CENTER WAY
NAPLES, FL 34107**

7. Name and Address of New Registered Agent

Name **Jeffrey S. Schelling PA**

Street Address (P.O. Box Number is Not Acceptable)
2240 Trade Center Way

City **Naples** FL Zip Code **34109**

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 _____ DATE **01/20/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,D WILK, GREGORY A 2240 TRADE CENTER WAY NAPLES, FL 34107 <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	900064403269 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/03/05--90143--026 **61.25
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900064403269 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/24/06--01018--020 **166.25
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900064403269 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/13/06--01031--001 **113.75

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: _____ DATE **01/20/06** DAYTIME PHONE # **239-591-8508**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #