

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21428

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** GENESIS PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

815 ORIENTA AVE  
UNIT 2020  
ALTAMONTE SPRGS., FL 327015600 US

**New Principal Place of Business:**

**Current Mailing Address:**

815 ORIENTA AVE  
UNIT 2020  
ALTAMONTE SPRGS., FL 327015600 US

**New Mailing Address:**

**FEI Number:** 59-2947373      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KCI KEICOR CONSULTING, INC.  
815 ORIENTA AVE  
UNIT 2020  
ALTAMONTE SPRGS., FL 327015600 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CHAUDHARI, JAY  
Address: 150 N ORANGE AVE STE 410  
City-St-Zip: ORLANDO, FL 32801

Title: VPD  
Name: BELLINI, LISA  
Address: 815 ORIENTA AVE STE 1040  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D  
Name: FRANK, JENNIFER  
Address: 815 ORIENTA AVE STE 1030  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

Title: TD  
Name: LEHMANN, KEITH  
Address: 815 ORIENTA AVE STE 2020  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

Title: D  
Name: HANSON, MARK  
Address: 815 ORIENTA AVENUE, SUITE 1050  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600

Title: SD  
Name: MARA, BARBARA  
Address: 815 ORIENTA AVE STE 1010  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

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: KEITH LEHMANN

D

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date