

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21428

FILED
Apr 06, 2018
Secretary of State
CC4486131536

Entity Name: GENESIS PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

815 ORIENTA AVE
UNIT 2020
ALTAMONTE SPRGS, FL 32701-5600

Current Mailing Address:

815 ORIENTA AVE
UNIT 2020
ALTAMONTE SPRGS, FL 32701-5600 US

FEI Number: 59-2947373

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KCI KEICOR CONSULTING, INC.
815 ORIENTA AVE
UNIT 2020
ALTAMONTE SPRGS, FL 32701-5600 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 D
Name CHAUDHARI, JAY
Address 150 N ORANGE AVE STE 410
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR, P
Name LEE, JASON
Address 815 ORIENTA AVE STE 1040
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title D, SECRETARY
Name FRANK, JENNIFER
Address 815 ORIENTA AVE STE 1030
City-State-Zip: ALTAMONTE SPRINGS FL 32701-5600

Title TD
Name LEHMANN, KEITH
Address 815 ORIENTA AVE STE 2020
City-State-Zip: ALTAMONTE SPRINGS FL 32701-5600

Title D
Name HANSON, MARK
Address 815 ORIENTA AVENUE, SUITE 1050
City-State-Zip: ALTAMONTE SPRINGS FL 32701-5600

Title D, VP
Name MARA, BARBARA
Address 815 ORIENTA AVE STE 1010
City-State-Zip: ALTAMONTE SPRINGS FL 32701-5600

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

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04/06/2018

Electronic Signature of Signing Officer/Director Detail

Date