

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

DOCUMENT# N21428

**Entity Name:** GENESIS PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 09, 2017**  
**Secretary of State**  
**CC7394767567****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
Name	BELLINI, LISA
Address	PO BOX 484
City-State-Zip:	WINTER PARK FL 32790

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, PRESIDENT
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****TRES****04/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date