


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # NOT 957					
1. Corporation Name GENOVA WOODS HOMEOWNERS' ASSOC., INC.					
2. Principal Office Address 2184 GENOVA DRIVE			3. Mailing Office Address P.O. BOX 621544		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State OVIEDO, FL			City & State OVIEDO, FL		
Zip 32765	Country USA	Zip 32762	Country USA		

FILED

05 SEP 28 AM 9:29

SECRETARY OF STATE
DIVISION OF CORPORATIONS

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-2389132	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name JOAN B. SHEPPARD			
Street Address (P.O. Box Number is Not Acceptable) 2184 GENOVA DRIVE		900060247819 10/05/05--01031--009 **70 00	
Suite, Apt. #, Etc.			
City OVIEDO		State FL	Zip Code 32765

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Joan B. Sheppard

Date **8/22/05**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T	SHEPPARD, JOAN	2184 GENOVA DRIVE	OVIEDO, FL 32765
PD	DHLWILER, LAURA	2155 GENOVA DRIVE	" "
D	CLEM, ROGER	2490 GENOVA DRIVE	" "
D	BEAUCHAMP, SUZETTE	2175 GENOVA DRIVE	" "
D	BUTCHER, ROGER	2316 GENOVA DRIVE	" "
D	WILLIAMS, ROY	3545 GENOVA COURT	" "

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Joan B. Sheppard (JOAN B. SHEPPARD)

8/22/05

407-349-1256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)