


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90078 002 \*\*\*\*61.25

<b>DOCUMENT # N01958</b> 1. Entity Name <b>GENOVA WOODS HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>2184 GENOVA DRIVE</b> <b>OVIEDO, FL 32765 US</b>			Mailing Address <b>P.O. BOX 621544</b> <b>OVIEDO, FL 32762 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2389132</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHEPPARD, JOAN B</b> <b>2184 GENOVA DRIVE</b> <b>OVIEDO, FL 32765</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Joan B. Sheppard</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T		TITLE	<b>DIRECTOR/PRESIDENT</b> <input checked="" type="checkbox"/> Change ? <input checked="" type="checkbox"/> Addition	
NAME	SHEPPARD, JOAN		NAME	<b>MICHAEL GARCIA</b>	
STREET ADDRESS	2184 GENOVA DRIVE		STREET ADDRESS	<b>3550 GENOVA COURT</b>	
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>	
TITLE	PD		TITLE	<b>SALLY GIBSON</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OHLWILER, LAURA		NAME	<b>SIR</b>	
STREET ADDRESS	2155 GENOVA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE	D		TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CLEM, ROGER		NAME	<b>SALLY GIBSON</b>	
STREET ADDRESS	2490 GENOVA DRIVE		STREET ADDRESS	<b>2341 GENOVA DRIVE</b>	
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>	
TITLE	D		TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BEAUCHAMP, SUZETTE		NAME	<b>KENNY MOCOMBE</b>	
STREET ADDRESS	2175 GENOVA DRIVE		STREET ADDRESS	<b>1745 GENOVA DRIVE</b>	
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>	
TITLE	D		TITLE		
NAME	BUTCHER, ROGER B.		NAME		
STREET ADDRESS	2316 GENOVA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	WILLIAMS, ROY		NAME		
STREET ADDRESS	3545 GENOVA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>Joan B. Sheppard</u> ( <b>JOAN B. SHEPPARD</b> ) <u>5/4/06</u> <u>407-349-1256</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					