


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90048 010 ****61.25

DOCUMENT # N01958	
1. Entity Name GENOVA WOODS HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 2184 GENOVA DRIVE OVIEDO FL 32765 US	Mailing Address P.O. BOX 621544 OVIEDO FL 32762 US
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-2389132	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SHEPPARD, JOAN B 2184 GENOVA DRIVE OVIEDO FL 32765	
--	--

7. Name and Address of New Registered Agent Name DONNA E CASSIDY Street Address (P.O. Box Number is Not Acceptable) 2436 GENOVA DR OVIEDO, FL 32765 City FL Zip Code	
---	--

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 *Donna E Cassidy* *Donna E. Cassidy* *5-10-07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS	
T NAME: SHEPPARD, JOAN STREET ADDRESS: 2184 GENOVA DRIVE CITY-ST-ZIP: OVIEDO FL 32765	<input checked="" type="checkbox"/> Delete
DP NAME: GARCIA, MICHAEL STREET ADDRESS: 3550 GENOVA CT CITY-ST-ZIP: OVIEDO FL 32765	<input type="checkbox"/> Delete
D NAME: CLEM, ROGER STREET ADDRESS: 2490 GENOVA DRIVE CITY-ST-ZIP: OVIEDO FL 32765	<input checked="" type="checkbox"/> Delete
D NAME: BEAUCHAMP, SUZETTE STREET ADDRESS: 2175 GENOVA DRIVE CITY-ST-ZIP: OVIEDO FL 32765	<input type="checkbox"/> Delete
D NAME: GIBSON, SALLY STREET ADDRESS: 2361 GENOVA DR CITY-ST-ZIP: OVIEDO FL 32765	<input type="checkbox"/> Delete
D NAME: MOCOMBE, KENCH STREET ADDRESS: 1745 GENOVA DR CITY-ST-ZIP: OVIEDO FL 32765	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TREASURER NAME: DONNA E CASSIDY STREET ADDRESS: 2436 GENOVA DR CITY-ST-ZIP: OVIEDO, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PAUL QUIGEN NAME: 3545 GENOVA COURT STREET ADDRESS: OVIEDO, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
KENLY MOCOMBE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *MICHAEL GARCIA* *Michael Garcia* *5-10-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #