2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N01958

Entity Name: GENOVA WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2184 GENOVA DRIVE
OVIEDO, FL 32765 US

New Principal Place of Business:

2436 GENOVA DRIVE
OVIEDO, FL 32765 US

Current Mailing Address:

P.O. BOX 621544
OVIEDO, FL 32762 US

New Mailing Address:

FEI Number: 59-2389132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASSIDY, DONNA
2436 GENOVA DR.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	CASSIDY, DONNA E	
Address:	2436 GENOVA DR.	
City-St-Zip:	OVIEDO, FL 32765	
Title:	P	( ) Delete
Name:	OLWILER, ERIC	
Address:	2155 GENOV DRIVE	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	QUEEN, PAUL	
Address:	3454 GENOVA CT.	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	BEAUCHAMP, SUZETTE	
Address:	2175 GENOVA DRIVE	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	GIBSON, SALLY	
Address:	2361 GENOVA DR	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	MOLOMEE, KENCY	
Address:	1745 GENOVA DR	
City-St-Zip:	OVIEDO, FL 32765	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ERICKSON, HEIDI	
Address:	1783 MARSH RD	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	(X) Change ( ) Addition
Name:	SAUNDERS, KATE	
Address:	3671 GENOVA CT.	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	(X) Change ( ) Addition
Name:	MOCOMBE, KENCY	
Address:	1745 GENOVA DR	
City-St-Zip:	OVIEDO, FL 32765	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONNA E. CASSIDY T 03/03/2009

Electronic Signature of Signing Officer or Director — Date