

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006024

FILED
Apr 24, 2009
Secretary of State

Entity Name: GENOA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

215 GRAND BLVD
200
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

215 GRAND BLVD
200
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 20-2631851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 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: DP () Delete
Name: LILLIE, KENT
Address: 1616 SAN GIOVANNI DR
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: DV () Delete
Name: NAVRATIL, KEN
Address: PO BOX 3008
City-St-Zip: LEXINGTON, OH 44904 US

Title: D () Delete
Name: JOHNSON, ROBERT
Address: 2067 CRYSTAL LAKE DR
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: DST () Delete
Name: HAYES, ART
Address: 1603 SAN MARINA
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D () Delete
Name: WALKER, MAC
Address: 1621 SAN GIOVANNI
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D (X) Delete
Name: STONE, JAY
Address: 1126 PRESTWICK PL
City-St-Zip: MIRAMAR BEACH, FL 32550 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: REAVES, LISA
Address: 2816 BERKELEY DR
City-St-Zip: BIRMINGHAM, AL 35242 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ART HAYES

S

04/24/2009

Electronic Signature of Signing Officer or Director

Date