


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90020 047 ****70.00

DOCUMENT # N04260 1. Entity Name GENESIS POINTE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 65 GENESIS POINTE LAKE WALES FL 33853 US			Mailing Address 65 GENESIS POINTE LAKE WALES FL 33853 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2541193				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TERRY, CLAY A. 225 EAST PARK AVE. LAKE WALES FL 33953			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	IRWIN, OLA		NAME	President	
STREET ADDRESS	14 GENESIS POINTE		STREET ADDRESS	Wayne Darr	
CITY-ST-ZIP	LAKE WALES FL 33859		CITY-ST-ZIP	73 Genesis Pointe, Lake Wales, FL	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DARA, WAYNE		NAME	Vice President	
STREET ADDRESS	73 GENESIS POINTE		STREET ADDRESS	Dodie Haynes	
CITY-ST-ZIP	LAKE WALES FL 33859		CITY-ST-ZIP	103 Genesis Pointe Lake Wales, FL 33859	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAVIS, LEE		NAME	Secretary	
STREET ADDRESS	71 GENESIS POINTE		STREET ADDRESS	Shirley Olsen	
CITY-ST-ZIP	LAKE WALES FL 33859		CITY-ST-ZIP	104 Genesis Pointe Lake Wales, FL 33859	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WODDLE, AL		NAME	Treasurer	
STREET ADDRESS	72 GENESIS POINTE		STREET ADDRESS	A. L. Weddle	
CITY-ST-ZIP	LAKE WALES FL 33859		CITY-ST-ZIP	72 Genesis Pointe Lake Wales, FL 33859	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>A. L. WEDDLE</u> <i>A. L. Weddle</i>			Date: <u>2/10/06</u> (863)638-0960		