

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04260

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** GENESIS POINTE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

249 GENESIS PONITE  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

249 GENESIS POINTE DRIVE  
LAKE WALES, FL 33859 US

**Current Mailing Address:**

249 GENESIS PONITE  
LAKE WALES, FL 33853 US

**New Mailing Address:**

249 GENESIS POINTE DRIVE  
LAKE WALES, FL 33859 US

**FEI Number:** 59-2541193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVISS, LEE  
274 GENESIS POINTE DR.  
LAKE WALES, FL 33869 US

**Name and Address of New Registered Agent:**

SHAW, HUGH D  
234 GENESIS POINTE DR.  
LAKE WALES, FL 33859 US

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: HUGH D SHAW

04/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBILLARD, JAN  
Address: 309 GENESIS POINTE DR.  
City-St-Zip: LAKE WALES, FL 33859

Title: VP ( ) Delete  
Name: BRADLEY, ANITA  
Address: 294 GENESIS POINTE DR.  
City-St-Zip: LAKE WALES, FL 33859

Title: S ( ) Delete  
Name: PARTINGTON, GERALD  
Address: 242 GENESIS POINTE DR.  
City-St-Zip: LAKE WALES, FL 33859

Title: T ( ) Delete  
Name: WEDDLE, A.L.  
Address: 266 GENESIS POINTE DR.  
City-St-Zip: LAKE WALES, FL 33859

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: GARVEY, LORETTE  
Address: 210 GENESIS POINTE DR.  
City-St-Zip: LAKE WALES, FL 33859

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

Title: T (X) Change ( ) Addition  
Name: SHAW, HUGH D  
Address: 234 GENESIS POINTE DR.  
City-St-Zip: LAKE WALES, FL 33859

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: HUGH D SHAW

TREA

04/09/2009

Electronic Signature of Signing Officer or Director

Date