

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04260

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

249 GENESIS POINTE DRIVE  
LAKE WALES, FL 33859 US

**New Principal Place of Business:**

**Current Mailing Address:**

249 GENESIS POINTE DRIVE  
LAKE WALES, FL 33859 US

**New Mailing Address:**

**FEI Number:** 59-2541193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAW, HUGH D  
234 GENESIS POINTE DR.  
LAKE WALES, FL 33859 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:** P  
**Name:** PARROTT, KEN  
**Address:** 221 GENESIS POINTE DR.  
**City-St-Zip:** LAKE WALES, FL 33859

**Title:** D  
**Name:** CULBREATH, LOUISE  
**Address:** 282 GENESIS POINTE DR.  
**City-St-Zip:** LAKE WALES, FL 33859

**Title:** VP  
**Name:** HENRY, RALPH  
**Address:** 325 GENESIS POINTE DR.  
**City-St-Zip:** LAKE WALES, FL 33859

**Title:** T  
**Name:** SHAW, HUGH D  
**Address:** 234 GENESIS POINTE DR.  
**City-St-Zip:** LAKE WALES, FL 33859

**Title:** S  
**Name:** PARTINGTON, GERALD  
**Address:** 242 GENESIS POINTE DRIVE  
**City-St-Zip:** LAKE WALES, FL 33859 US

**Title:** D  
**Name:** DUPATZ, FRANK  
**Address:** 293 GENESIS POINTE DRIVE  
**City-St-Zip:** LAKE WALES, FL 33859 US

I hereby 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 all other like empowered.

**SIGNATURE:** HUGH D. SHAW

TREA

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date