

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21428

FILED  
Jul 20, 2005  
Secretary of State

Entity Name: GENESIS PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

815 ORIENTA AVE  
UNIT 1010  
ALTAMONTE SPRGS., FL 327015600 US

**New Principal Place of Business:**

**Current Mailing Address:**

815 ORIENTA AVE  
UNIT 1010  
ALTAMONTE SPRGS., FL 327015600 US

**New Mailing Address:**

FEI Number: 59-2947373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MARA, BARBARA  
815 ORIENTA AVE.  
UNIT 1010  
ALTAMONTE SPRGS., FL 327015600 US

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

LEHMANN, KEITH  
815 ORIENTA AVE  
UNIT 2020  
ALTAMONTE SPRGS., FL 327015600 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: KEITH LEHMANN

07/20/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHAUDHARI, GOVIND  
Address: 157 VISTA OAK DR.  
City-St-Zip: LONGWOOD, FL

Title: VPD ( ) Delete  
Name: BELLINI, LISA  
Address: 815 ORIENTA AVE STE 1040  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: BLAU, GORDON  
Address: 815 ORIENTA AVE STE 1030  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

Title: TD ( ) Delete  
Name: LEHMANN, KEITH  
Address: 815 ORIENTA AVE STE 1020  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

Title: PD ( ) Delete  
Name: HANSON, MARK  
Address: 815 ORIENTA AVENUE, SUITE 1050  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600

Title: SD ( ) Delete  
Name: MARA, BARBARA  
Address: 815 ORIENTA AVE STE 1010  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

**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: TD (X) Change ( ) Addition  
Name: LEHMANN, KEITH  
Address: 815 ORIENTA AVE STE 2020  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

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 for the exemption stated in Section 119.07(3)(i), 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: KEITH LEHMANN

T

07/20/2005

Electronic Signature of Signing Officer or Director

Date