## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT** # N9400005655 (5)

GENESIS AT THE LANDINGS HOMEOWNERS ASSOCIATION. INC.

Principal Place of Business 1225 S.W. B7TH AVE. MIAMI FL 33174

Mailing Address

P O BOX 820237 SOUTH ELODIDA EL 22002



	,	US	30,002				
		**			<ol><li>Date Incorporated or Qualified</li></ol>	3a. Date of	•
					11/16/1994	04/2	20/1995
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number APPLIED FOR 65	OSE 21.0	Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			AFPLIED FOR 03	4	
22		27		5. Certificate of Status Desired		3.75 Additional Fee Required	
City & Stat	е	City & State			6. Election Campaign Financing		5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	Cour	ntry	8. This corporation has liability for in	itangible tax und	ler s. 199.032,
	9. Name and Address of Current		30			Yes No	
	D. France Life Address of Content	richistored Whelit	<del></del>	81 Name	10. Name and Address of New Re	gistered Agent	<u>t</u>
****				81 Name			
	ROBERT		İ	82 Street Add	iress (P.O. Box Number is Not Acceptable	e)	
	W. 87TH AVE.					,	
Mlami F	L 33174			83			
			-	84 City		las.	Zip Code
						FL 85	1 '
11. Pursuant or register	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the abov	e-named corpor	ration submits this statement for the purp	ose of changing	its registered office
	th, and accept the obligations of, Section			orporation's boa	ration submits this statement for the purp ird of directors. I hereby accept the appoi	ntment as regist	ered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent a			···			
12.	OFFICERS AND			Agent signature require		DATE	
TITLE	D	DIRECTORS	13.		ADDITIONS CHANGES TO OFFIC		
NAME	CERDA, GILBERTO	F. Perreit	11 7171			Chai	nge 🛗 Addition
			1 2 NA	ME			
STREET ADDRESS	1225 S.W. 87TH AVE.		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174		1.4 CIT	Y - ST - ZIP			
TITLE	D	□ DELETE	2.1 TITE	E }		☐ Char	nge 🔲 Addition
NAME	CERDA, CLARA		2 2 NAN	AE .			
STREET ADDRESS	ADDRESS 1225 S.W. 87TH AVE.		2 3 STREET AD				
CITY-ST-ZIP	MIAMI FL 33174		2 4 CiT	Y-ST-ZIP			
TITLE	D	☐ DELE TE	3 1 TITL			☐ Char	nge
NAME	Cerda, Gilberto Jr		3 2 NAN	AE		, 🗀 🤄	- L
STREET ADDRESS	1225 S.W. 87TH AVE.		3.3 STR	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174			Y-S1-ZIP			}
THILE		DELETE	4 1 TITL			☐ Chan	nge
NAME			4. 2 NAI			Chan	ige Addition
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		DELETÉ	5.1 TITL			F105	D 44290
NAME		band	5.2 NAM			☐ Chan	nge 🔲 Addition
STREET ADDRESS							ļ
CITY-ST-ZIP				ET ADDRESS			
TITLE		DELETE		-ST-ZIP			
			61 THTL	1		Chan	ge 🔲 Addition
NAME			62 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY - ST - ZIP			6.4 CITY	-ST-ZIP			
<ol><li>14. I do hereby</li></ol>	certify that the information supplied wi	th this filing is voluntarily furn	ished and do	nes not qualify fo	v the exemption stated in Section 110.03	TOVILLE FLA. 1-1- On	

certify that the information indicated on this annual report or supplemental and toos not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or director of the corporation or the receiver or director to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address. SIGNATURE:

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR