NOT-FOR-PROFIT CORPORATION

07-24-2002 90134 016 ****61.25 **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N94000005655 02 JUL 26 PM 12: 43 AMENDMENT 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA Genesis at the Landings Homeowners Association, Inc. DO NOT WRITE IN THIS SPACE B0131858 2. Principal Place of Business 3. Mailing Address c/o Century Management Serv. c/o Century Management Serv Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 12505 Orange Dr. #906 12505 Orange Dr. #906 City & State 4. FEI Number 65 0552684 City & State Applied For Davie, Fl Davie, Fl Not Applicable 33330 Country USA 33330 \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Mark Poffenbarger DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) C/O Century Management Services, IN THIS SPACE 12505 Orange Dr. #906 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 Mark Poffenbarger, Property Manager SIGNATURE (NOTE: Registered Agent signature required et FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. initial or Amended UBR Department of State 10. OFFICERS AND DIRECTORS TITLE PD TITLE CR2E037B (12/01 NAME Chuck Forcucci 10299 S.W. 16 St NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Pembroke Pines, FL 33025 TITLE TITLE Patricia Cruz MAME NAME STREET ADDRESS 1568 S.W. 106 Ave STREET ADDRESS CITY-ST-ZIP Pembroke Pines, F1 33025 CITY-ST-ZIP TITLE TITLE NAME Gregg Kodelman NAME STREET-ADDRESS 1580 S.W. 105 Ave. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP Pembroke Pines, F1 33025 TITLE TITLE IN THIS SPACE NAME Evelyn Torres NAME STREET ADDRESS 10217 S.W. 16 Ct. STREET ADDRESS CITY-ST-ZIP Pembroke Pines, F1 33025 CITY-ST-ZIP DILE TITLE D. Abe Youssouf NAME NAME 1376 S.W. 105 Ave. STREET ADDRESS STREET ADDRESS Pembroke Pines, F1 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. SIGNATURE: