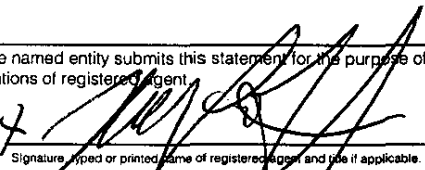
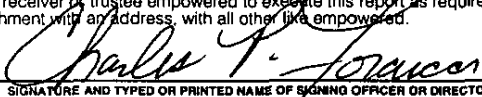


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90076 009 ****61.25

DOCUMENT # N94000005655 1. Entity Name GENESIS AT THE LANDINGS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O CENTURY MANAGEMENT SERV. 12505 ORNAGE DR. #906 DAVIE, FL 33330			Mailing Address C/O CENTURY MANAGEMENT SERV. 12505 ORNAGE DR. #906 DAVIE, FL 33330		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		94068246 94068246 	
City & State Zip		City & State Zip		02052004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0552684	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POFFENBARGER, MARK C/O CENTURY MANAGEMENT SERV. 12505 ORNAGE DR. #906 DAVIE, FL 33330				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  3/8/04 Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORCUCCI, CHUCK 10299 SW 16 ST PEMBROKE PINES, FL 33025 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRUZ, PATRICIA 1568 SW 106 AVE PEMBROKE PINES, FL 33025 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KODELMAN, GREGG 1580 SW 105 AVE PEMBROKE PINES, FL 33025 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Renee Cormier 10434 SW 16 Street Pembroke Pines, FL 33025 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TORRES, EVELYN 10217 SW 16 CT PEMBROKE PINES, FL 33025 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUSOUF, ABE 1376 SW 105 AVE PEMBROKE PINES, FL 33025 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 2/11/04 Daytime Phone # 305-323-5487	