

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90054 018 ****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 - No P.O. Box #
12333 SW 55th St.

3. Mailing Address
12333 SW 55th St.

Suite, Apt. #, etc.
Suite 811

City & State
Cooper City, FL

Zip
33330

Country
USA



02222007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0552684

Applied For
 Not Applicable

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 **same**

Street Address (P.O. Box Number is Not Acceptable)
same

12333 SW 55th St. Suite 811

City **Cooper City FL** Zip Code **33330**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FORCUCCI, CHUCK 10299 SW 16 ST PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CRUZ, PATRICIA 1568 SW 106 AVE PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TORRES, EVELYN 10217 SW 16 COURT PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LALJIE, VISHNA 10218 SW 16 COURT PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOUSOUF, ABE 1376 SW 105 AVE PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EUSTACE Glasford 10358 SW 16 CT PEMBROKE PINES FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

SIGNATURE: Charles P. Forcucci 3/21/07 954/424-6353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #