


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90065 043 ****61.25

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|---|---|---|
| DOCUMENT # N94000005655 | |  |
| 1. Entity Name GENESIS AT THE LANDINGS HOMEOWNERS ASSOCIATION, INC. | | |
| Principal Place of Business 12233 SW 55TH ST SUITE 811 COOPER CITY, FL 33330 | Mailing Address 12233 SW 55TH ST SUITE 811 COOPER CITY, FL 33330 | |
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | |

Century Management Services, Inc. Century Management Services, Inc.
 1495 North Park Drive 1495 North Park Drive
 Weston, Florida 33326 Weston, Florida 33326

1162008 Chg-NP CR2E037 (12/06)

| | |
|--|---------------------------------------|
| FBI Number 65-0552684 | Applied For Not Applicable |
| Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|---|----------|
| 6. Name and Address of Current Registered Agent | | Name and Address of New Registered Agent | |
| POFFENBARGER, MARK 12233 SW 55TH ST SUITE 811 COOPER CITY, FL 33330 | | Century Management Services, Inc. 1495 North Park Drive Weston, Florida 33326 | |
| AGENT: mark Poffenbarger | | 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 _____ 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, 2008

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 12233 SW 55TH ST, SUITE 811 COOPER CITY, FL 33330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1495 North Park Drive Weston, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CRUZ, PATRICIA 12233 SW 55TH ST, SUITE 811 COOPER CITY, FL 33330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1495 North Park Drive Weston, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TORRES, EVELYN 12233 SW 55TH ST, SUITE 811 COOPER CITY, FL 33330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1495 North Park Drive Weston, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GLASFORD, EUSTACE 12233 SW 55TH ST, SUITE 811 COOPER CITY, FL 33330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 1495 North Park Drive Weston, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YOUSOUF, ABE 12233 SW 55TH ST, SUITE 811 COOPER CITY, FL 33330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1495 North Park Drive Weston, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tres. Vishna Laljie 1495 North Park Drive Weston, FL 33326 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions or indicated on this report or supplemental report is true and accurate and that my signature shall be 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: *Charles P. Forcucci*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08
Date

Daytime Phone #