

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N94000005655

Entity Name: GENESIS AT THE LANDINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

CENTURY MANAGEMENT SERVICES, INC.
1495 NORHT PARK DRIVE
FORT LAUDERDALE, FL 33326

New Principal Place of Business:

Current Mailing Address:

CENTURY MANAGEMENT SERVICES, INC.
1495 NORHT PARK DRIVE
FORT LAUDERDALE, FL 33326

New Mailing Address:

FEI Number: 65-0552684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CENTURY MANAGEMENT SERVICES, INC.
1495 NORTH PARK DRIVE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FORCUCCI, CHUCK
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: CRUZ, PATRICIA
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: SD () Delete
Name: TORRES, EVELYN
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: GLASFORD, EUSTACE
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: YOUSOUF, ABE
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WEST, FL 33326

Title: T () Delete
Name: LALJIE, VISHNA
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHUCK FORCUCCI

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date