2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # N9400005655

1. Entity Name

Principal Place of Business

SIGNATURE:

GENESIS AT THE LANDINGS HOMEOWNERS ASSOCIATION, INC.



FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90115 031 ****61.25

C/O CENTURY MANAGEMENT SERV. 12505 ORNAGE DR. #906 DAVIE FL 33330		C/O CENTURY MANAGEMENT SERV. 12505 ORNAGE DR. #906 DAVIE FL 33330		f 1889/HEAL 89/8 FB/	IIF BIGII BBIH BBHI BBHI BBHI BBHI BBHI	1	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0552684 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Sta	itus Desired	Additional	
6. Name and Address of Current Registered Agent		Registered Agent	<u> </u>	7. Name and Addr	Idress of New Registered Agent		
			Name	The second secon	·		
C/O CEN	BARGER, MARK ITURY MANAGEMENT SERV.		Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
DAVIĘ FI	RNAGE DR. #906 _ 33330 :		City		FL Zip) Code	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent	Mark Po	_	Property Manag	1 /		
. 1	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		.00 May Be Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR	RS IN 10	
TITLE	PD	Delete	TITLE		☐ Cha	ange	
NAME	FORCUCCI, CHUCK		NAME				
STREET ADDRESS	10299 SW 16 ST		STREET ADDRESS			{ }	
CITY-ST-ZIP	PEMBROKE PINES FL 33025		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	DV	☐ Delete	TITLE		☐ Cha	ange 🗌 Addition	
NAME	CRUZ, PATRICIA		NAME	•			
STREET ADDRESS	1568 SW 106 AVE		STREET ADDRESS		•		
CITY-ST-ZIP	PEMBROKE PINES FL 33025 SD		CITY-ST-ZIP				
TITLE	KODELMAN, GREGG	☐ Delete	TITLE		☐ Cha	inge	
NAME STREET ADDRESS	1580 SW 105 AVE		NAME STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33025		CITY-ST-ZIP				
TITLE	TD	Пъз-				ann Dâddiin	
NAME	TORRES, EVELYN	☐ Delete	TITLÉ NAME		☐ Cha	ange	
STREET ADDRESS	10217 SW 16 CT		STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33025		CITY-ST-ZIP			,	
TITLE	D	☐ Delete	TITLE		☐ Cha	ange	
NAME	YOUSSOUF, ABE	5000	NAME		One	J	
STREET ADDRESS	1376 SW 105 AVE		STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33025		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Cha	nge 🔲 Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
of the corp	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address	true and accurate and that it wered to execute this report	my signature shall have t : as required by Chapter :	he same legal effect as if I	made under oath: that I am an of	ficer or director	

LIREIGREGG KODELMAN