


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90124 001 \*\*\*\*61.25  
 07-30-2004 90124 002 \*\*\*\*8.75

**DOCUMENT # N99000003383**

1. Entity Name  
 GENESIS PARK OWNERS' ASSOCIATION, INC.



Principal Place of Business  
 3909 RODELLA STREET  
 PACE, FL 32571

Mailing Address  
 3909 RODELLA STREET  
 PACE, FL 32571

66431004



2. Principal Place of Business  
 P.O. Box 2093  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 2093  
 Suite, Apt. #, etc.

07132004 Chg-NP CR2E037 (10/03)

City & State  
 PACE

City & State  
 PACE

Zip  
 FQ

Country

Zip  
 FQ

Country

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARRICK, DANNY  
 3909 RODELLA STREET  
 PACE, FL 32571

7. Name and Address of New Registered Agent

Name  
 Kimberly M. Grant

Street Address (P.O. Box Numbers Not Acceptable)  
 4021 Omega Street

City  
 PACE

FL Zip Code  
 32571

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 Kimberly M. Grant President DATE 7/29/04

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 September 8, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DP	Delete
	GRANT, P. KIMBERLY	3909 RODELLA STREET	PACE, FL 32571	<input type="checkbox"/>	<input type="checkbox"/>
	HOFFMAN, PAULA	3909 RODELLA STREET	PACE, FL 32571	<input type="checkbox"/>	<input type="checkbox"/>
	CYR, DARLENE	3909 RODELLA STREET	PACE, FL 32571	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Kimberly M. Grant	4021 Omega St	Pace, FL 32571	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Paula Hoffman	3927 Omega St	Pace, FL 32571	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Kimberly M. Grant DATE 7/29/04 DAYTIME PHONE # 850-474-8209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR