


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90243 001 \*\*\*\*61.25  
 02-28-2005 90243 002 \*\*\*\*61.25

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<b>DOCUMENT # N99000003383</b> 1. Entity Name <b>GENESIS PARK OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>PO BOX 2093</b> <b>PACE, FL 32571</b>		Mailing Address <b>PO BOX 2093</b> <b>PACE, FL 32571</b>	
2. Principal Place of Business <b>P.O. Box 2093</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 2093</b> Suite, Apt. #, etc.	
City & State <b>PACE, FL</b>		City & State <b>PACE FL</b>	
Zip <b>32571</b>		Zip <b>32571</b>	
Country		Country	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GRANT, KIMBERLY M</b> <b>4021 OMEGA STGREET</b> <b>PACE, FL 32571</b>		7. Name and Address of New Registered Agent Name <b>Kimberly m. Grant</b> Street Address (P.O. Box Number is Not Acceptable) <b>4022 Omega ST</b> City <b>PACE</b> <b>FL</b> Zip Code <b>32571</b>	
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 <i>Kimberly m. Grant</i> Signature, typed or printed name of registered agent and title (face/cable)		President DATE <b>2/25/05</b> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P <input type="checkbox"/> Delete NAME GRANT, P. KIMBERLY STREET ADDRESS 4021 OMEGA ST CITY-ST-ZIP PACE, FL 32571	TITLE V <input checked="" type="checkbox"/> Delete NAME HOFFMAN, PAULA STREET ADDRESS 3927 OMEGA ST CITY-ST-ZIP PACE, FL 32571	TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME V Eddie Collinsworth STREET ADDRESS 3950 OMEGA ST CITY-ST-ZIP PACE, FL 32571	TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Ginrei Collinsworth STREET ADDRESS 3950 OMEGA ST CITY-ST-ZIP PACE, FL 32571
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Peggy Gale STREET ADDRESS 3998 OMEGA ST CITY-ST-ZIP PACE, FL 32571	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <i>Kimberly m. Grant</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <b>2/25/05</b> 850-474-8209 DATE AND PHONE #	