# 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

bb0072033

02252005 Chg-NP CR2E037 (10/03)

DOCUMENT # N99000003383

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

Principal Place of Business
PO BOX 2093
PACE, FL 32571

Mailing Address
PO BOX 2093
PACE, FL 32571

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

3. Mailing Address
PO Box 2093
Suite, Apt. #, etc.

City & State: PACE, FL
Zip: 32571
Country:

City & State: PACE FL
Zip: 32571
Country:

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GRANT, KIMBERLY M
4021 OMEGA STGREET
PACE, FL 32571

**7. Name and Address of New Registered Agent**

Name: Kimberly M. Grant
Street Address (P.O. Box Number is Not Acceptable)
4022 Omega ST
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 2/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consenting) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

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 | Delete |
|---|---|---|---|---|
| P | GRANT, P. KIMBERLY | 4021 OMEGA ST | PACE, FL 32571 | ☐ |
| V | HOFFMAN, PAULA | 3927 OMEGA ST | PACE, FL 32571 | ☒ |
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|---|---|---|---|---|---|
| | | | | ☐ | ☐ |
| VP | V Eddie Collinsworth | 3950 Omega ST | PACE, FL 32571 | ☐ | ☒ |
| T | Ginger Collinsworth | 3950 Omega ST | PACE, FL 32571 | ☐ | ☒ |
| Sec. | Sec. Peggy Gale | 3998 Omega ST | PACE, FL 32571 | ☐ | ☒ |
| | | | | ☐ | ☐ |
| | | | | ☐ | ☐ |

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 2/25/05 850-474-9809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #