

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2007  
Secretary of State**

DOCUMENT# N99000003383

Entity Name: GENESIS PARK OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 2093  
PACE, FL 32571

**New Principal Place of Business:**

3950 OMEGA ST  
PACE, FL 32571

**Current Mailing Address:**

PO BOX 2093  
PACE, FL 32571

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLLINSWORTH, EDDIE E  
3950 OMEGA ST  
PACE, FL 32571    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:                      P                      ( ) Delete  
Name:                      COLLINSWORTH, EDDIE V  
Address:                      3950 OMEVA ST  
City-St-Zip:                      PACE, FL 32511

Title:                      T                      ( ) Delete  
Name:                      MCCREARY, PATRICK  
Address:                      3950 OMEGA ST  
City-St-Zip:                      PACE, FL 32511

Title:                      S                      ( ) Delete  
Name:                      STREETER, AMY  
Address:                      3998 OMEVA ST  
City-St-Zip:                      PACE, FL 32511

**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:

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: EDDIE COLLINSWORTH

P

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date