

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