

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005655

**FILED**  
**Mar 05, 2025**  
**Secretary of State**  
**0154475830CC****Entity Name:** GENESIS AT THE LANDINGS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O REALMANAGE  
11784 WEST SAMPLE ROAD SUITE 103  
CORAL SPRINGS, FL 33065**Current Mailing Address:**C/O REALMANAGE  
P O BOX 803555  
DALLAS, TX 75380 US**FEI Number: 65-0552684****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LANDOL LAW FIRM PA  
2101 NW CORPORATE BLVD  
SUITE 410  
BOCA RATON, FL 33431 US*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: SAMUEL LANDOL JR****03/05/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                                       |
|-----------------|-------------------------------------------------------|
| Title           | PRESIDENT                                             |
| Name            | WALKER, SHARON                                        |
| Address         | C/O REALMANAGE<br>11784 WEST SAMPLE ROAD SUITE<br>103 |
| City-State-Zip: | CORAL SPRINGS FL 33065                                |

|                 |                                                       |
|-----------------|-------------------------------------------------------|
| Title           | TREASURER                                             |
| Name            | CLARIDGE, CLAIRE                                      |
| Address         | C/O REALMANAGE<br>11784 WEST SAMPLE ROAD SUITE<br>103 |
| City-State-Zip: | CORAL SPRINGS FL 33065                                |

|                 |                                                       |
|-----------------|-------------------------------------------------------|
| Title           | VP                                                    |
| Name            | LEWIS, DEMMOY DILTON                                  |
| Address         | C/O REALMANAGE<br>11784 WEST SAMPLE ROAD SUITE<br>103 |
| City-State-Zip: | CORAL SPRINGS FL 33065                                |

|                 |                                                       |
|-----------------|-------------------------------------------------------|
| Title           | DIRECTOR                                              |
| Name            | WILLIAMS, ANTHONY                                     |
| Address         | C/O REALMANAGE<br>11784 WEST SAMPLE ROAD SUITE<br>103 |
| City-State-Zip: | CORAL SPRINGS FL 33065                                |

|                 |                                                       |
|-----------------|-------------------------------------------------------|
| Title           | SECRETARY                                             |
| Name            | THOMAS, DEBORAH                                       |
| Address         | C/O REALMANAGE<br>11784 WEST SAMPLE ROAD SUITE<br>103 |
| City-State-Zip: | CORAL SPRINGS FL 33065                                |

|                 |                                                       |
|-----------------|-------------------------------------------------------|
| Title           | DIRECTOR                                              |
| Name            | FITZ-HENLEY, STEVEN                                   |
| Address         | C/O REALMANAGE<br>11784 WEST SAMPLE ROAD SUITE<br>103 |
| City-State-Zip: | CORAL SPRINGS FL 33065                                |

|                 |                                                       |
|-----------------|-------------------------------------------------------|
| Title           | DIRECTOR                                              |
| Name            | HAUGHTON, MARIO                                       |
| Address         | C/O REALMANAGE<br>11784 WEST SAMPLE ROAD SUITE<br>103 |
| City-State-Zip: | CORAL SPRINGS FL 33065                                |

*I hereby 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 all other like empowered.*

**SIGNATURE: SHARON WALKER****PRESIDENT****03/05/2025**

