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May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730592 (3)

1. Corporation Name

GEMINI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

336 GOLFVIEW ROAD
NORTH PALM BEACH FL 33408336 GOLFVIEW ROAD
NORTH PALM BEACH FL 33408-35143. Date Incorporated or Qualified
09/03/19743a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1655240

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIELS BRUCE J
336 GOLFVIEW RD
NORTH PALM BEACH FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DANIELS BRUCE J
STREET ADDRESS 336 GOLFVIEW RD
CITY-ST-ZIP N PALM BCH, FL 334081.1 TITLE D
1.2 NAME Robert Crull
1.3 STREET ADDRESS 336 Golfview Road
1.4 CITY-ST-ZIP North Palm Beach, FL 33408TITLE VP
NAME E LOUISE REED
STREET ADDRESS 336 GOLFVIEW RD
CITY-ST-ZIP N PALM BCH, FL 000002.1 TITLE VP
2.2 NAME GERRY MURPHY
2.3 STREET ADDRESS 336 Golfview Road
2.4 CITY-ST-ZIP North Palm Beach, FL 33408TITLE TD
NAME HENRY WINDMUELLER
STREET ADDRESS 336 GOLFVIEW RD
CITY-ST-ZIP NORTH PALM BEACH FL3.1 TITLE T
3.2 NAME E. Louise Reed
3.3 STREET ADDRESS 336 Golfview Road
3.4 CITY-ST-ZIP North Palm Beach, FLTITLE D
NAME EMANUEL N.B. CHULLI
STREET ADDRESS 336 GOLFVIEW RD
CITY-ST-ZIP NORTH PALM BEACH FL4.1 TITLE SD
4.2 NAME Raymond Dale
4.3 STREET ADDRESS 336 Golfview Road
4.4 CITY-ST-ZIP North Palm Beach, FL 33408TITLE D
NAME EDWARD FISHER
STREET ADDRESS 336 GOLFVIEW ROAD
CITY-ST-ZIP N PALM BCH, FL 000005.1 TITLE D
5.2 NAME Sylvia Corbin
5.3 STREET ADDRESS 336 Golfview Road
5.4 CITY-ST-ZIP North Palm Beach, FL 33408TITLE SD
NAME ANN POWELL
STREET ADDRESS 336 GOLFVIEW RD
CITY-ST-ZIP NORTH PALM BCH, FL 000006.1 TITLE D
6.2 NAME Armin Apel
6.3 STREET ADDRESS 336 Golfview Road
6.4 CITY-ST-ZIP North Palm Beach, FL 33408

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040609

CR2E037 (9/96)