

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N43354 (2)**

1. Corporation Name

**GEMINI VII TOWNHOUSE ASSOCIATION INC.**



Principal Place of Business

Mailing Address

**3182 BIRD AVE.  
MIAMI FL 33133**

**3182 BIRD AVE  
MIAMI FL 33133**

3. Date Incorporated or Qualified  
**05/05/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 33-1803**

4. FEI Number  
**65-0346085**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24 **33233**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANTZ, C. WILLIAM  
3182 BIRD AVE.  
MIAMI FL 33133**

81 Name **Gosney, Randy K.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3182 BIRD AVE**  
83  
84 City **Miami** FL 85 Zip Code **33133**

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

*Randy K. Gosney*  
Signature, typed or printed name of registered agent, if applicable.

**Treasurer**

Signature, typed or printed name of registered agent, if applicable.

**2/11/96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANTZ, C. WILLIAM	
STREET ADDRESS	3182 BIRD AVE.	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAWZAK, MICHAEL	
STREET ADDRESS	3164 BIRD AVENUE	
CITY- ST- ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PITRE, JACQUELINE	
STREET ADDRESS	3166 BIRD AVE.	
CITY- ST- ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.

11 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Gosney, Randy K.	
13 STREET ADDRESS	3182 Bird Ave	
14 CITY- ST- ZIP	Miami FL 33133	
21 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Sawzak, Michael	
23 STREET ADDRESS	3164 Bird Ave	
24 CITY- ST- ZIP	Miami FL 33133	
31 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Eddie G. Gill	
33 STREET ADDRESS	3192 Bird Ave	
34 CITY- ST- ZIP	Miami FL 33133	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

SIGNATURE:

*Randy K. Gosney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Treasurer**

**2/11/96**  
DATE

**305-374-1600**  
Telephone #

CR2E037 (12/95)