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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43354

1. Corporation Name

GEMINI VII TOWNHOUSE ASSOCIATION INC.

Principal Place of Business

3182 BIRD AVE.
MIAMI FL 33133

Mailing Address

PO BOX33 1803
MIAMI FL 33233



2. Principal Place of Business

21 3192 BIRD AVE

2a. Mailing Address

26 P.O. Box

3. Date Incorporated or Qualified

05/05/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0346085

Applied For

Not Applicable

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 33133 25 DADS

Zip Country

29 33233 30 DADS

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GOSNEY, RANDY K
3182 BIRD AVE.
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

ED. GIL

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

3192 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

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

ED GIL TREASURER

(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GOSNEY, RANDY K
STREET ADDRESS 3182 BIRD AVE.
CITY-ST-ZIP MIAMI FL 3133 ☒ DELETE

TITLE D TREASURER
NAME GILL, ED
STREET ADDRESS 3192 BIRD AVE.
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME HAND, HOWARD
STREET ADDRESS 3164 BIRD AVE.
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME HECTOR GALARCE
1.3 STREET ADDRESS 3176 BIRD AVE
1.4 CITY-ST-ZIP MIAMI, FL 33133

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME JACQUELINE DITRE
2.3 STREET ADDRESS 3166 BIRD AVE
2.4 CITY-ST-ZIP MIAMI, FL 33133

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

(305) 446 7293

Daytime Phone #

CR2E037 (11/98)