

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 # 721118 (8)

1. Corporation Name

GEMINI SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2841 N.E. 163 STREET #101
NORTH MIAMI BEACH FL 33160-4403**

Mailing Address

**2841 N.E. 163 STREET #101
NORTH MIAMI BEACH FL 33160-4403**

3. Date Incorporated or Qualified
06/09/1971

3a. Date of Last Report
08/10/1995

2. Principal Place of Business
21 **14310 NE 5 place**

2a. Mailing Address

Suite, Apt. #, etc

22

City & State

23 **North Miami**

Zip

24 **33161**

Country

25 **USA**

Zip

29

Country

30

4. FEI Number
59-1468217

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORDON, LAWRENCE
2841 N.E. 163 STEET, #101
NORTH MIAMI BEACH FL 33160**

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 **P** ☐ DELETE
NAME **WALKER, EDWARD**
STREET ADDRESS **14310 NE 5TH PLACE, #3**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **YOUNG, DONNELL**
STREET ADDRESS **1320 SW 88TH AVE.**
CITY-ST-ZIP **PEMBROKE PINES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE
NAME **GORDON, LAWRENCE**
STREET ADDRESS **2841 NE 163RD ST #101**
CITY-ST-ZIP **NO MIAMI BCH FL 33160**

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

TITLE **D** ☐ DELETE
NAME **LOPEZ, ANTONIO**
STREET ADDRESS **14310 NE 5TH PL #1**
CITY-ST-ZIP **NO MIAMI BCH FL 33161**

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

TITLE **D** ☐ DELETE
NAME **LOPEZ, MARIA**
STREET ADDRESS **14310 NE 5 PL #2**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

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

TITLE **D** ☐ DELETE
NAME **GORDON, MARTHA**
STREET ADDRESS **2841 NE 163 ST #101**
CITY-ST-ZIP **NORTH MIAMI FL 33160**

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Larry Gordon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96/305
Date Daytime Phone #

CR2E037 (12/95)