

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 31 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 721118 (8)**  
 1. Corporation Name  
**GEMINI SOUTH CONDOMINIUM ASS. INC.**

Principal Place of Business Mailing Address  
**14310 NE 5<sup>th</sup> PLACE #2**  
**N. MIAMI FLORIDA 33161**

<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>3. Date Incorporated or Qualified</b> <b>06/29/1971</b>	<b>4. FEI Number</b> <b>59-1468217</b>	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>
<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$5.00 May Be Added to Fees</b>	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**INGRID KUTIL**  
**14310 NE 5<sup>th</sup> PLACE #2**  
**N. MIAMI FLORIDA 33161**

<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	WALKER, EDWARD
STREET ADDRESS	14310 NE 5 <sup>th</sup> PL. #3
CITY-ST-ZIP	N. MIAMI FL 33161
TITLE	NAME
NAME	YOUNG, WANDA
STREET ADDRESS	1320 SW 88 <sup>th</sup> AVE
CITY-ST-ZIP	PENBROKE PINES FL
TITLE	NAME
NAME	INGRID KUTIL
STREET ADDRESS	14310 NE 5 <sup>th</sup> PL. #2
CITY-ST-ZIP	N. MIAMI 33161
TITLE	NAME
NAME	LOPEZ ANTONIO
STREET ADDRESS	14310 NE 5 <sup>th</sup> PL. #1
CITY-ST-ZIP	N. MIAMI 33161
TITLE	NAME
NAME	LOPEZ MARIA
STREET ADDRESS	14310 NE 5 <sup>th</sup> PL. #1
CITY-ST-ZIP	N. MIAMI 33161
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-26-98

Date

305-949-4246

Daytime Phone #

CR2E037 (10/97)