

FILE NOW: FILING FEE IS \$61.25

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90007 039 ****61.25

003009

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 721118

1. Corporation Name

GEMINI SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

14310 N.E. 5TH PLACE #2
NORTH MIAMI FL 33161
US

Mailing Address

14310 N.E. 5TH PLACE #2
NORTH MIAMI FL 33161
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

06/09/1971

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUTIL, INGRID
14310 N.E. 5TH PLACE #2
NORTH MIAMI FL 33161

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 VPT ☐ DELETE
NAME WALKER, EDWARD
STREET ADDRESS 14310 N.E. 5TH PLACE #2
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 D ☐ 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 PT ☐ DELETE
NAME KUTIL, INGRID
STREET ADDRESS 14310 N.E. 5TH PLACE, # 2
CITY-ST-ZIP NORTH MIAMI FL 33161

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 N.E. 5TH PLACE, # 1
CITY-ST-ZIP NORTH MIAMI FL 33161

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

TITLE D ☒ DELETE
NAME LOPEZ, MARIA
STREET ADDRESS 14310 N.E. 5TH PLACE, # 1
CITY-ST-ZIP NORTH MIAMI FL 33161

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-20-99 / 305-949-4246
Date Daytime Phone #

CR2E037 (1/98)