FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 16 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730592 (3)

1. Corporation Name
GEMINI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
336 GOLFVIEW ROAD NORTH PALM BEACH FL 33408	336 GOLFVIEW ROAD NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1974
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1655240 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DANIELS BRUCE J
336 GOLFVIEW RD
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE X Bruce J Daniels BRUCE J. DANIELS, PRESIDENT DATE 5/9/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DANIELS BRUCE J	1.2 NAME	PD
STREET ADDRESS	336 GOLFVIEW RD	1.3 STREET ADDRESS	BRUCE J. DANIELS
CITY-ST-ZIP	N PALM BCH, FL 33408	1.4 CITY-ST-ZIP	336 GOLFVIEW RD NORTH PALM BEACH, FL 33408
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	LECKLER HARY H	2.2 NAME	V.P.
STREET ADDRESS	336 GOLFVIEW RD	2.3 STREET ADDRESS	EMANUEL N.B. CHUILLI
CITY-ST-ZIP	N PALM BCH, FL 00000	2.4 CITY-ST-ZIP	336 Golfview Rd NORTH PALM BEACH, FL 33408
TITLE	TD	3.1 TITLE	☐ Change ☒ Addition
NAME	WEIS JAMES B	3.2 NAME	T.D.
STREET ADDRESS	336 GOLFVIEW RD	3.3 STREET ADDRESS	GERRY MURPHY, MRS
CITY-ST-ZIP	NORTH PALM BCH, FL 00000	3.4 CITY-ST-ZIP	336 GOLFVIEW RD NORTH PALM BEACH, FL
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	FISHER, EDWARD	4.2 NAME	JAMES B. WEIS
STREET ADDRESS	336 GOLFVIEW ROAD	4.3 STREET ADDRESS	336 GOLFVIEW RD
CITY-ST-ZIP	NORTH PALM BEACH FL	4.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	CHUILLI EMANUEL NB	5.2 NAME	ROBERT J. DUCK
STREET ADDRESS	336 GOLFVIEW ROAD	5.3 STREET ADDRESS	336 GOLFVIEW RD
CITY-ST-ZIP	N PALM BCH, FL 00000	5.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	SD	6.1 TITLE	SD ☐ Change ☒ Addition
NAME	REED, E. LOUISE	6.2 NAME	KAY CLARK, MRS
STREET ADDRESS	336 GOLFVIEW RD	6.3 STREET ADDRESS	336 GOLFVIEW RD
CITY-ST-ZIP	NORTH PALM BCH, FL 00000	6.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408

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)(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: X Bruce J Daniels 5-9-95 (407) 626-3853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BRUCE J. DANIELS, PRESIDENT

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