

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 730592

(3)

1. Corporation Name

GEMINI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

336 GOLFVIEW ROAD
NORTH PALM BEACH FL 33408

Mailing Address

336 GOLFVIEW ROAD
NORTH PALM BEACH FL 33408



3. Date Incorporated or Qualified
09/03/1974

3a. Date of Last Report
05/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1655240

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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

DANIELS BRUCE J
336 GOLFVIEW RD
NORTH PALM BEACH FL 33408

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 Bruce J. Daniels, President

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

(NOTE: Registered Agent signature required when reinstating.)

DATE 4/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DANIELS BRUCE J
STREET ADDRESS 336 GOLFVIEW RD
CITY-ST-ZIP N PALM BCH, FL 33408 ☐ DELETE

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

TITLE VP
NAME CHUILLI, EMANUEL N
STREET ADDRESS 336 GOLFVIEW RD
CITY-ST-ZIP N PALM BCH, FL 00000 ☐ DELETE

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

TITLE TD
NAME MURPHY, GERRY MRS
STREET ADDRESS 336 GOLFVIEW RD
CITY-ST-ZIP NORTH PALM BEACH FL ☒ DELETE

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

TITLE D
NAME WEIS, JAMES B
STREET ADDRESS 336 GOLFVIEW RD
CITY-ST-ZIP NORTH PALM BEACH FL ☒ DELETE

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

TITLE D
NAME DUCK, ROBERT J
STREET ADDRESS 336 GOLFVIEW ROAD
CITY-ST-ZIP N PALM BCH, FL 00000 ☒ DELETE

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

TITLE SD
NAME CLARK, KAY M
STREET ADDRESS 336 GOLFVIEW RD
CITY-ST-ZIP NORTH PALM BCH, FL 00000 ☒ DELETE

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

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: Bruce J. Daniels, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

407 626-4439

Daytime Phone #

CR2E037 (12/95)