

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 730592**

1. Entity Name

GEMINI CONDOMINIUM ASSOCIATION, INC.**FILED****Feb 23, 2000 8:00 am**
Secretary of State

02-23-2000 90017 004 ****61.25

Principal Place of Business

Mailing Address

**336 GOLFVIEW ROAD
NORTH PALM BEACH FL 33408****336 GOLFVIEW ROAD
NORTH PALM BEACH FL 33408-3514**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1655240

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIELS BRUCE J
336 GOLFVIEW RD
NORTH PALM BEACH FL 33408**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Bruce J Daniels, President**2-17-00*

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CORBIN SYLVIA | |
| STREET ADDRESS | 336 GOLFVIEW RD | |
| CITY-ST-ZIP | N PALM BEACH FL 33408 | |

| | | |
|----------------|-----------------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sylvia Corbin | |
| STREET ADDRESS | 336 Golfview Rd | |
| CITY-ST-ZIP | North Palm Beach, Fl. 33408 | |

| | | |
|----------------|-----------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | FISHER, EDWARD | |
| STREET ADDRESS | 336 GOLFVIEW RD | |
| CITY-ST-ZIP | N PALM BEACH FL 33408 | |

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Edward Fisher | |
| STREET ADDRESS | 336 Golfview Road | |
| CITY-ST-ZIP | North Palm Beach, Fl. 33408 | |

| | | |
|----------------|---------------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | POWELL, ANN | |
| STREET ADDRESS | 336 GOLFVIEW RD | |
| CITY-ST-ZIP | NORTH PALM BEACH FL 33408 | |

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ann Powell | |
| STREET ADDRESS | 336 Golfview Rd | |
| CITY-ST-ZIP | North Palm Beach, Fl. 33408 | |

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GOLDSSEN, DEBORAH | |
| STREET ADDRESS | 336 GOLFVIEW RD | |
| CITY-ST-ZIP | NORTH PALM BEACH FL 33408 | |

| | | |
|----------------|-----------------------------|--|
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Edward Newman | |
| STREET ADDRESS | 336 Golfview Road | |
| CITY-ST-ZIP | North Palm Beach, Fl. 33408 | |

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DANIELS, BRUCE J. | |
| STREET ADDRESS | 336 GOLFVIEW ROAD | |
| CITY-ST-ZIP | N PALM BEACH FL 33408 | |

| | | |
|----------------|-----------------------------|--|
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Pauline Weis | |
| STREET ADDRESS | 336 Golfview Road | |
| CITY-ST-ZIP | North Palm Beach, Fl. 33408 | |

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | APEL, ARMIN | |
| STREET ADDRESS | 336 GOLFVIEW RD | |
| CITY-ST-ZIP | NORTH PALM BEACH FL 33408 | |

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Raymond Dale | |
| STREET ADDRESS | 336 Golfview Road | |
| CITY-ST-ZIP | North Palm Beach, Fl. 33408 | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/00 561-636-3853