

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90325 033 ****61.25

DOCUMENT # 730592

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

2-21-2001

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

TITLE **S** ☐ Delete
 NAME **CORBIN SYLVIA,**
 STREET ADDRESS **336 GOLFVIEW RD**
 CITY-ST-ZIP **N PALM BEACH FL 33408**

TITLE **D** ☒ Delete
 NAME **FISHER, EDWARD**
 STREET ADDRESS **336 GOLFVIEW RD**
 CITY-ST-ZIP **N PALM BEACH FL 33408**

TITLE **D** ☐ Delete
 NAME **POWELL, ANN**
 STREET ADDRESS **336 GOLFVIEW RD**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **VP** ☒ Delete
 NAME **NEWMAN, EDWARD**
 STREET ADDRESS **336 GOLFVIEW RD**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **T** ☐ Delete
 NAME **WEIS, PAULINE**
 STREET ADDRESS **336 GOLFVIEW ROAD**
 CITY-ST-ZIP **N PALM BEACH FL 33408**

TITLE **D** ☒ Delete
 NAME **DALE, RAYMOND**
 STREET ADDRESS **336 GOLFVIEW RD**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Edward Fisher V.P.** ☒ Change ☐ Addition
 NAME **336 Golfview Rd**
 STREET ADDRESS **North Palm Beach, Fl. 33408**
 CITY-ST-ZIP

TITLE **Patrick O'Kelley-Dir.** ☐ Change ☒ Addition
 NAME **336 Golfview Rd**
 STREET ADDRESS **North Palm Beach, Fl. 33408**
 CITY-ST-ZIP

TITLE **Dorothy Bilajiw -Dir.** ☐ Change ☒ Addition
 NAME **336 Golfview Rd**
 STREET ADDRESS **North Palm Beach, Fl. 33408**
 CITY-ST-ZIP

TITLE **Bruce Daniels -President** ☐ Change ☐ Addition
 NAME **336 Golfview Rd**
 STREET ADDRESS **North Palm Beach, Fl 33408**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Bruce J Daniels, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-2001

Date

561-626-3853

Daytime Phone #