2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2006 8:00 am Secretary of State

08-02-2006 90001 048 ****61.25

50023803

 Secretary
08-02-2006 9000

Principal Place of Business 336 GOLFVIEW ROAD

DOCUMENT #730592

GEMINI CONDOMINIUM ASSOCIATION, INC.

Mailing Address
336 GOLFVIEW ROAD
NORTH PALM BEACH, FL 33408

NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408								•		<u> </u>					
Principal Place of Business 3. Mailing Address															
Suite, Apt. #, etc. Suite, Apt. #, etc.						07312006	Chg-NP	-	CR2E	037 (4/06) -	-				
City & Stat	e		Cit	y & State			•	4. FEI Numbe 59-1655				→	plied For		
7!			7:-					39-1033	240				t Applicable		
Zip		Country	Zip	•	Çou	5. Certificate of Status Desired See Required									
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent								
DANIELS	BRUCE J					Name									
336 GOLF						Street Address (P.O. Box Number is Not Acceptable)									
NORTH P	ALM BEAG	CH, FL 33408										<u> </u>			
					City FL Zip Code										
8. The above	named entity	y submits this statement for	r the purp	ose of changing its	registere	ed office o	r register	ed agent, or both	h, in the Stat	e of Florid	la. I am	familiar with,	and accept		
the obligat	tions of regist	tered agent.			•		-	•					·		
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if app	licable. (NOTE	: Registere	d Agent signa	lure required	when reinstating)			DATE				
		- 1- 604 05		9. Election Carr	neign S	inancina		\$5.00 ·· · ·		Mak	e chec	k payable to			
Filing Fee is \$61.25 Due by September 6, 2006 9. Election Campaign Filing Trust Fund Contribution					_		\$5.00 May Be Added to Fees Florida Department of State								
10.		OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CHA	NGES TO C	FFICERS	AND DI	RECTORS IN			
TITLE	VPD			Delete	TITLE		VPD	Mario Tarre	-0			☐ Change	Addition		
NAME	ROLLER,				MAM	E Et address	New	nan, Joyc , Golfvie n Palm Be	200	nd					
STREET ADDRESS CITY-ST-ZIP	336 GOLF	-VIEW RD PALM BEACH, FL 3340	Ω			-ST-ZIP	330	Ochor	20Ch X	22	il e-G				
	D	ALIVI BEACH, FE 3040		☐ Detete	TITLE		NOT	A PAIM P	<i>M</i> 1 1	U 22	105_	☐ Change	☐ Addition		
TITLE NAME	FISHER, I	FDWARD		L Derete	NAM										
STREET ADDRESS	336 GOLF					ET ADDRESS									
CITY-ST-ZIP	NORTH P	ALM BEACH, FL 3340	8		CITY	-\$T- <i>Z</i> :P	}								
TITLE	D		·	☐ Delete	TITUS							☐ Change	Addition		
NAME	POWELL,				NAM										
STREET ADDRESS	1	FVIEW RD	_			ET ADDRESS									
CITY-ST-ZIP	 	PALM BEACH, FL 3340	-8		_	·ST-ZIP							- Addition		
TITLE	D	ODERT		☐ Delete	TIFLE							☐ Change	☐ Addition		
NAME STREET ADDRESS	WARD, R	FVIEW RD				e Et address									
CITY-ST-ZIP	1	PALM BEACH, FL 3340	8			-ST-ZIP									
TITLE	Ť			Delete	TITLE	E		· · · · · · · · · · · · · · · · · · ·				☐ Change	Addition		
NAME	PALUMBO	O, FRANK			NAM	Ε	ļ								
STREET ADDRESS		FVIEW ROAD				ET ADDRESS									
CITY-ST-ZIP	·	BEACH, FL 33408		<u></u>		-ST-ZIP									
TITLE	Р			☐ Detete	TITLE	Ε	1					Change	Addition		
NAME						_	1								
1 .	DANIELS				NAM	_									
STREET ADDRESS	336 GOLF	, BRUCE FVIEW RD PALM BEACH, EL 3340	n8		STRE	E EET ADDRESS - ST - ZIP									

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

731-00 561 024 3853