2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# 730592

Entity Name: GEMINI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

336 GOLFVIEW ROAD
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

336 GOLFVIEW ROAD
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 59-1655240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOPKINS, MARY S
9121 N MILITARY TRAIL
SUITE 222
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CLARK, SANDRA	
Address:	336 GOLFVIEW RD	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	T	( ) Delete
Name:	KLAVORA, SUSANNA	
Address:	336 GOLFVIEW RD	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	VP	( ) Delete
Name:	MAGLIARO, THOMAS	
Address:	336 GOLFVIEW RD	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	D	( ) Delete
Name:	REED, LOUISE	
Address:	336 GOLFVIEW ROAD	
City-St-Zip:	N PALM BEACH, FL 33408	
Title:	S	( ) Delete
Name:	ESKOLA, SHARON	
Address:	336 GOLF VIEW ROAD	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	D	( ) Delete
Name:	JONES, JACK	
Address:	336 GOLFVIEW ROAD	
City-St-Zip:	NORTH PALM BEACH, FL 33408	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSANNA KLAVORA T 04/17/2009

Electronic Signature of Signing Officer or Director — Date