2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 735987

1. Entity Name
GEMINI II TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2903 BIRD AVE	2903 BIRD AVE
MIAMI, FL 33133 US	MIAMI, FL 33133 US

DO NOT WRITE IN THIS SPACE

05152005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-1698487	Not Applicable

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

6. Name and Address of Current Registered Agent

HILD, STEVEN
2903 BIRD AVE
MIAMI, FL 33133

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by September 7, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   *OFFICERS AND DIRECTORS*

TITLE	PD
NAME	SEITS, BRIAN J
STREET ADDRESS	2980 MARY ST
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VD
NAME	KOSKI, CHRISTINA
STREET ADDRESS	2986 MARY ST
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	TD
NAME	HILD, STEVEN
STREET ADDRESS	2903 BIRD AVE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000367455
05/18/05-80001-004 61.25

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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: *Steven Hild* Steven Hild Treasurer 4-30-05 305-297-7951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #