

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90011 045 ****61.25

DOCUMENT # 735987

1. Entity Name
GEMINI II TOWNHOUSE ASSOCIATION, INC.



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

Mailing Address
**2903 BIRD AVE
MIAMI, FL 33133 US**



05172007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1698487

Applied For
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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IN THIS SPACE**

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 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCCOY, KENNETH
2907 BIRD AVENUE
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KOSKI, DARREN
2986 MARY ST
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HILD, STEVEN
2903 BIRD AVE
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Steven Hild **Steven Hild**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer 4-30-07 305-529-9294

Date

Daytime Phone #