


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737405** (1)

1. Corporation Name

GEMINI IV TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business 3205 BIRD AVE MIAMI FL 33133 US		Mailing Address 3205 BIRD AVE MIAMI FL 33133-4451 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Country	
24		29	
25		30	
3. Date Incorporated or Qualified 12/01/1976		3a. Date of Last Report 03/26/1996	
4. FEI Number 59-1781852		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HART, FRED 3205 BIRD AVE MIAMI FL 33133		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code	
		FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **Jan 12, 97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME PTD HART, FREDERICK		1.2 NAME D Modesto Abety	
STREET ADDRESS 3205 BIRD AVE		1.3 STREET ADDRESS 9955 SW 138 ST	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Miami FL 33176	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME SD MCKITTERICK, RUSSELL		2.2 NAME D Jefferey Masters	
STREET ADDRESS 3217 BIRD AVENUE		2.3 STREET ADDRESS 4901 NW 17 Way #407	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33069	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME VO BETANCOURT, MILLE		3.2 NAME D Theresa O'Rourke	
STREET ADDRESS 3211 BIRD AVENUE		3.3 STREET ADDRESS 3219 Bird Av	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP Miami FL 33133	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME D GONZALES, RICHARD		4.2 NAME D Brian Santarcangelo	
STREET ADDRESS 3205 BIRD AV		4.3 STREET ADDRESS 1101 Astoria Ln	
CITY-ST-ZIP MIAMI FL 33133		4.4 CITY-ST-ZIP C. Gables, FL 33134	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME D PEDRO TORRES		5.2 NAME D Theresa O'Rourke	
STREET ADDRESS 3201 BIRD AVE		5.3 STREET ADDRESS 3219 Bird Av	
CITY-ST-ZIP MIAMI FL 33133		5.4 CITY-ST-ZIP Miami FL 33133	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* DATE **Jan 27 97**

CR2E037 (9/96)