


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/01/1976 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 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 FL 85 Zip Code	
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 <u>[Signature]</u> SAME (NOTE: Registered Agent signature required when reinstating) DATE <u>Jan 25, 98</u>					
12. OFFICERS AND DIRECTORS					
TITLE	PTD	<input type="checkbox"/> DELETE			
NAME	HART, FREDERICK				
STREET ADDRESS	3205 BIRD AVE				
CITY-ST-ZIP	MIAMI FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	MCKITTERICK, RUSSELL				
STREET ADDRESS	3217 BIRD AVENUE				
CITY-ST-ZIP	MIAMI FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	BETANCOURT, MILLE				
STREET ADDRESS	3211 BIRD AVENUE				
CITY-ST-ZIP	MIAMI FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GONZALES, RICHARD				
STREET ADDRESS	3203 BIRD AV				
CITY-ST-ZIP	MIAMI FL 33133				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	TORRES, PEDRO				
STREET ADDRESS	3201 BIRD AVE				
CITY-ST-ZIP	MIAMI FL 33133				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ABETY, MODESTO				
STREET ADDRESS	9955 SW 138 ST				
CITY-ST-ZIP	MIAMI FL 33176				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	JEFFEREY MASTERS				
1.3 STREET ADDRESS	4401 NW 17th WAY Suite 407				
1.4 CITY-ST-ZIP	FT Lauderdale, FL 33069				
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	TERESA O'ROURKE				
2.3 STREET ADDRESS	3219 BIRD AVE				
2.4 CITY-ST-ZIP	MIAMI FL 33133				
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	BRIAN SANTARCANGELO				
3.3 STREET ADDRESS	1101 ASTORIA AV				
3.4 CITY-ST-ZIP	C. GABLES, FL. 33134				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. 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 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: <u>[Signature]</u> NOTARY REQUIRED <u>Jan 25, 98</u>					

CR2E037 (10/97)