

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737405

FILED
Feb 11, 2005
Secretary of State

Entity Name: GEMINI IV TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

3209 BIRD AVENUE
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3209 BIRD AVENUE
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 59-1781852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPUA, AMBER
3209 BIRD AVENUE
MIAMI, FL 33133 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: D () Delete
Name: BENTARCOURT, MILLIE
Address: 3211 BIRD AVE.
City-St-Zip: MIAMI, FL 33133

Title: VP () Delete
Name: TORRES, PEDRO
Address: 3201 BIRD AVE.
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: O'ROURKE, TERESA
Address: 3219 BIRD AVE.
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: MC KITTERICK, RUSSELL
Address: 3217 BIRD AVENUE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: CHASE, MARK
Address: 3213 BIRD AVE.
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: ABETY, MODESTO
Address: 3215 BIRD AVE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: JURADO, CLAUDIA
Address: 3201 BIRD AVE.
City-St-Zip: MIAMI, FL 33133

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 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 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: AMBER KAPUA

PRES

02/11/2005

Electronic Signature of Signing Officer or Director

Date